

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

14188

**MAY 24 1929**

**1. PLACE OF DEATH**

County Clay Registration District No. 194  
 Township Excelsior Springs Primary Registration District No. 3011  
 City Excelsior Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William E Crawford

(a) Residence. No. Caldwell St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Crawford  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 - 1900  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
28 6 13  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) General Farming  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ottawa Co  
 (STATE OR COUNTRY) Kla  
**PARENTS**  
 10. NAME OF FATHER Pearl Crawford  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Caldwell Co Mo  
 12. MAIDEN NAME OF MOTHER Janett Barr  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ills

14. INFORMANT Mrs Ruth Crawford  
 (Address) Excelsior Springs

15. FILED 4-22-19-29 Geo. Craven  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1929  
 17. I HEREBY CERTIFY, That I attended deceased from April 21 - 1929 to April 21 - 1929 that I last saw him alive on April 21 11:00 P.M. and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis (Pulmonary)  
23A  
11A (duration) 2 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Heart (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? by diagnosis  
 (Signed) Zafoyette Isley, M. D.  
 , 19 \_\_\_\_\_ (Address) Excelsior Springs Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lawson. Mo. DATE OF BURIAL April 23 1929

20. UNDERTAKER John C. Prather ADDRESS Excelsior Springs

WRITE FULLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

