

Dr W MAR 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County *New Madrid*
Township *St. Johns*
City *No.*

Registration District No. *567*
Primary Registration District No. *6803*

2028

File No. _____
Registered No. *3*

2. FULL NAME

Thos. Henry Crawford

(a) Residence No. _____ St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 22 - 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

6

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New Madrid Co

10. NAME OF FATHER

Thos Crawford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Mossac Co

12. MAIDEN NAME OF MOTHER

Henry Pool

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Key

14. INFORMANT (Address)

Thos Crawford this man East Prairie Mo

15. FILED

1/19 1930 Huff M Hodges REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

1/18 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 13*, 19*30*, to *Jan 18*, 19*30* that I last saw him alive on *Jan 16*, 19*30* and that death occurred, on the date stated above, at *5:30 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

(duration) yrs. mos. *7* ds.

CONTRIBUTORY (SECONDARY)

10/10

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Geo W Whitaker M. D.*

1-19-1930 (Address) East Prairie 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

Oak Grove

DATE OF BURIAL

1/19 1930

20. UNDERTAKER

Wm Shelby

ADDRESS

East Prairie Mo

