WRITE PLAINLY, 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.

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

Do not use this space.

10851

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1005

City St Louis (No. St Johns Hospital St. ..... Ward)

File No. .....

Registered No. 2876

2. FULL NAME Cora L. Crawford

(a) Residence. No. 4232 St Louis Av St., 11 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	3	4	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

295

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

1

PARENTS

10. NAME OF FATHER Not Known

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

2

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT A. Crawford
(Address) 5922 Waterman Av

15. FILED MAR 21, 1930 Max C Starkey REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 20 1930

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1929, to March 20, 1930 that I last saw him alive on March 20, 1930 and that death occurred, on the date stated above, at 7 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Cardio-Vascular-Renal Disease
95B

..... (duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac - Dilatation

..... (duration) ..... yrs. ..... mos. 2 ds.

1290

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH I do not know

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray Lab E etc.

(Signed) [signature], M. D.

3/20, 1930 (Address) 3511 Lucas Av E.

*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	DATE OF BURIAL
Bellefontaine	Mch. 22 1930
20. UNDERTAKER	ADDRESS
Wm. F. Paschedag	2825 N. Grand. Av