

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

Do not use this space.

15305

1. PLACE OF DEATH

County Bacon Registration District No. 22

Township Centralia Primary Registration District No. 4041

City Centralia (No.) St. Ward

File No.

Registered No. 24

St. Ward

2. FULL NAME

(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. mes. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Mr. Seeters

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 1 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Jas. Crawford

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

12. MAIDEN NAME OF MOTHER Matha Hood May 27, 1936 (Address) Centralia Mo.

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

14. INFORMANT Mr. P. L. Seeters
(Address) Dawson City Mo

15. FILED 527 1930 J. V. Hickerson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1929, to May 26 1930 that I last saw her alive on May 26 1930, and that death occurred, on the date stated above, at 5:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Exophthalmic goiter
66F
77

(duration) 20 yrs. mos. ds.

CONTRIBUTORY Arterial Sclerosis
(SECONDARY)

(duration) 5 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?

(Signed) W. E. White M. D.

*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

Wheelerman Chapel Cem May 28 1930

20. UNDERTAKER

W. J. McDonald Centralia Mo

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.

JUN 2 1930

