

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

Do not use this space.

16192

**1. PLACE OF DEATH**

County Jackson  
Township Jean  
City Kansas City (No. Kansas City Gen. Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2100  
Registered No. 2100 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Hugh Crawford  
(a) Residence. No. 1303 Madison St. 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 5 - 1914</u>		
7. AGE	YEARS	MONTHS
	<u>15</u>	<u>5</u>
		<u>10</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Scholar, Sutter School</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-12 1930, to 5-16 1930 and that I last saw him alive on 5-16 1930 and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia Incurialis with Hemorrhage  
23A  
23B (duration) yrs. mos. ds.  
CONTRIBUTORY 31 (SECONDARY) (duration) yrs. mos. ds.

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

10. NAME OF FATHER Summer Crawford

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

12. MAIDEN NAME OF MOTHER Neva Mierz

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

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? Phys Findings  
(Signed) J. E. Williams, M. D.  
5-19 1930 (Address) Subt K.C. Gen. Hosp.

\*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.

14. INFORMANT Reverend Clerk  
(Address) Kansas City Gen. Hosp

15. FILED 5/16 1930 M. M. Crowe  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sumner, Mo DATE OF BURIAL May 17 1930

20. UNDERTAKER W. W. Newcomb's Sons ADDRESS H. C. 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.

