

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

Do not use this space.

18966
File No. _____
Registered No. 34
St. _____ Ward _____

1. PLACE OF DEATH
County Putnam Registration District No. 718
Township _____ Primary Registration District No. CH20
City Unionville (No. _____) St. _____ Ward _____

2. FULL NAME Rolan C. 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

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-2-1852

7. AGE YEARS 78 MONTHS 9 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

13. NAME William H. Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Annie Crawford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Russell E Crawford
(ADDRESS) Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Church DATE May 26 1931

19. UNDERTAKER W. Husted
(ADDRESS) Unionville Mo

20. FILED May 25 1931

J. H. Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1931

22. I HEREBY CERTIFY, That I attended deceased from March 12 1931 to May 24 1931

I last saw him alive on May 19 1931 Death is said

to have occurred on the date stated above at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis
Senility

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Quinn Davis, M. D.

(Address) Unionville, 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.

29 1931

