MAY 27 1931

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

Do not use this space.

20224

1. PLACE OF DEATH

County Scotland — Registration District No. 810 — File No.

Township Jefferson — Primary Registration District No. 4488 — Registered No. 29

City Memphis (No. ..... St. ..... Ward)

2. FULL NAME Mary D. Crawford

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 5th 1835

7. AGE: Years 95 — Months 7 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holmes County Ohio

PARENTS
10. NAME OF FATHER: John Deuning
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Holmes County Ohio
12. MAIDEN NAME OF MOTHER: Abigal Robison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Holmes County Ohio

14. INFORMANT: Retta Black
(Address) Memphis, Mo

15. FILED 5/11, 1931 E. E. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 3rd 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/24, 1931, to 5/2, 1931, that I last saw her alive on 5/2, 1931, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peri Tonsil abcess
115 A

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

CONTRIBUTORY (SECONDARY) 115 A

(duration) ..... 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? physical

(Signed) P M Baker, M. D
5/5, 1931 (Address) Memphis 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: Pleasant Hill cemetery — DATE OF BURIAL: 5/4/1931

20. UNDERTAKER: L. W. Payne & Sons — ADDRESS: Memphis

Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate: 2-2

Name: Mary D. Crawford

Who died at: Memphis Mo, on May 3, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____ 115a

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Peritonsilar abscess

The Physician reporting this case informs me that the above

Contributory: _____

is correct, Peritonsilar abscess was cause of death.

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an [illegible]

5-20224