

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

Do not use this space.

File No. **281580**

1. PLACE OF DEATH

County Iron
Township Iron
City Moses (No.)

Registration District No. 1159
Primary Registration District No. 5549

Registered No. St. Ward

2. FULL NAME

Moses Younger 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blauche Skaggs -

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/13/1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 23

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

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

10. NAME OF FATHER Anderson Crawford

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

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Emmett Crawford
(Address) Graniteville Mo

15. FILED Aug 31 1931 Mrs W A Townsend
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 1931

17. I HEREBY CERTIFY, That I attended deceased from 6:30 Aug 5 1931, to 7:00 Aug 5 1931, that I last saw him alive on Aug 5, 1931, and that death occurred, on the date stated above, at 7 a m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perforation from Duodenal ulcer.
11 hrs.
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Peritonitis
(duration) yrs. mos. 1 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED? 1170
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. C. Anson, M. D.
8/5, 1931 (Address) Ironton, 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 How Run Cemetery DATE OF BURIAL Aug 7 1931

20. UNDERTAKER A. E. Bond ADDRESS Boston

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.

AUG 26 1931

