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.

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

Do not use this space.

40826

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 4797
Township Kans — Primary Registration District No. — Registered No. 4798
City Kansas City (No. 216 W 9th St. Ward)

2. FULL NAME Crawford George
(a) Residence, No. 216 W 9th 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. 3 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/8/1861

7. AGE — YEARS: 70 — MONTHS: 0 — DAYS: 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad
10. Date deceased last worked at this occupation (month and year) 3/30
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Ill.

FATHER
13. NAME Wm. George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Massie Likes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Margaret Fisher 216 W. 9th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Galt, Mo. DATE 12/4 1931

19. UNDERTAKER (ADDRESS) Geo. H. Long K. C. K.

20. FILED 12/2 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2/1931, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1931, to 11-30-, 1931
I last saw him alive on 11-30, 1931. Death is said to have occurred on the date stated above, at 5:42a
The principal cause of death and related causes of importance were as follows:

Date of onset

Perinchymatous
Nephritis Uremia
132A
132B

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Slyp Lab 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) H. H. Owens, M. D.
(Address) 1034 Rialto

Dr. H. [illegible]
Rialto [illegible]