

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

Do not use this space.

4930

1. PLACE OF DEATH

County Jackson Registration District No. 100 File No. _____
 Township Raw Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. General Hospital St. 793 Ward)

2. FULL NAME

Crawford Edward
 (a) Residence, No. 3234 Genesee St. 5 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 34 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
 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) Illinois

FATHER 13. NAME John Crawford

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

MOTHER 15. MAIDEN NAME Thomas

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

17. INFORMANT (ADDRESS) Wood Clerk
K. C. Gen. Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 2-25-32

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
978 Brooklyn, K. C. Mo.

20. FILED 2/27 1932 M. M. Crowl
ext Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1931, to 2-25, 1932

I last saw him alive on 2-25, 1932—Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Nephritis, Chronic

131 131

Other contributory causes of importance: _____

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 _____, 1932

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? _____

If so, specify _____

(Signed) R. E. Williams, M. D.

(Address) 11. C. General Hospital

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.

