

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.

JUN 28 1932

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

Do not use this space.

19272

1. PLACE OF DEATH  
 40 County Gundy Registration District No. 326  
 Township Madison Primary Registration District No. 5452  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Daniel Richard Crawford  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

File No. 77  
 Registered No. 5-6

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>82</u>	<u>10</u>		

OCCUPATION

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. \_\_\_\_\_

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) Gundy Co Mo

FATHER

13. NAME Benjamin Perry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Ky

MOTHER

15. MAIDEN NAME Ann Perry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Ky

17. INFORMANT (ADDRESS) Chas Crawford

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Gundy Co DATE June 23 1932

19. UNDERTAKER (ADDRESS) Chas E Schaefer

20. FILED June 22 1932 Anna D. Price  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1932

22. HEREBY CERTIFY, That I attended deceased from Apr 1, 1932, to June 22, 1932  
 I last saw him alive on June 16, 1932 Death is said to have occurred on the date stated above, at 6:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency  
Arteriosclerosis  
1930  
 Other contributory causes of importance:  
Memoria (D)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Deborah Poar, M. D.  
 (Address) \_\_\_\_\_

