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

Do not use this space.

30013

1. PLACE OF DEATH
80 County Pettis — Registration District No. 668 — File No.
4 Township — Primary Registration District No. 3032 — Registered No. 235
8 City Sedalia (No. , St. Ward)

2. FULL NAME William Crawley
(a) Residence, No. 308 N. Washington St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1884-Jan-1

7. AGE — YEARS: 48 — MONTHS: 8 — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor 237
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): March 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Mo

FATHER
13. NAME: Okae Crawley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Mo

MOTHER
15. MAIDEN NAME: Ellen Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo

17. INFORMANT (ADDRESS): Louise Crawley Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia DATE 9-4-1932

19. UNDERTAKER (ADDRESS): Wm Alexander Sedalia Mo.

20. FILED 9-3, 1932 J. G. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-1st-1932

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1932, to Sept 1st, 1932
I last saw him alive on Sept 1st, 1932. Death is said to have occurred on the date stated above, at 9 15 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Labor Pneumonia
108

Other contributory causes of importance:
108 (1)

Name of operation — Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) A. R. Maddox, M. D.
(Address) 1165 W. Main

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

OCT 28 1932

V. S. No. 2