

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

Do not use this space.

41130

1. PLACE OF DEATH

County Gold Registration District No. 711
 Township Cligout Primary Registration District No. 6292
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME

Ela J 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 4 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Keenan
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife 235
 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) Mo

FATHER
 13. NAME B. F. Compton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER
 15. MAIDEN NAME Nancy Rains
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) W. J. Crawford, Cligout, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Salina cemetery DATE Dec 24 1932

19. UNDERTAKER (ADDRESS) Funeral Home, Salina, Mo

20. FILED Dec 23, 1932 W. J. Crawford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1932 to December 21, 1932
 I last saw her alive on Dec 21, 1932 Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:

Old age
Chronic Interstitial Nephritis
 Other contributory causes of importance: (3)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Symptoms 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) Dr. Chas. R. Brown, M. D.
 (Address) W. Dunnegan Mo.

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.

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