

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

Do not use this space.

1687

1. PLACE OF DEATH

County JACKSON
Raw
Township
City Kansas City (No. 3937 Wyoming)

399
1002

Registration District No.
Primary Registration District No.

File No.
Registered No. 417
St. Ward

2. FULL NAME Mrs Della Theresa Crawford

(a) Residence, No. 3937 Wyoming 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M Ben Crawford		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 1877		
7. AGE	YEARS 55	MONTHS 7
	DAYS 23	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
FATHER	13. NAME James Mc Namara	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
MOTHER	15. MAIDEN NAME Mary Sullivan	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
17. INFORMANT (ADDRESS) Della Crawford 3937 Wyoming		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan 27 1933		
19. UNDERTAKER Quirk & Tobin Co. (ADDRESS) Linwood & Main		
20. FILED Jan 26 1933 M. M. Crowe Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 24, 1933 .19**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 24 1933** to **Jan 24 1933**.
I last saw him alive on **Jan 24 1933** at **3:55 P.M.** Death is said to have occurred on the date stated above, at **3:55 P.M.**
The principal cause of death and related causes of importance were as follows:
coronary thrombosis
High blood pressure
Chronic arthritis
Date of onset

Other contributory causes of importance:
High blood pressure
Chronic arthritis

Name of operation _____ Date of _____
What test confirmed diagnosis? **Cholesterol** 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) **J. J. Dwyer** M. D.
(Address) **Kansas City**

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.

Harold Clark
May 21st
12th Floor