

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

Do not use this space.

7104

1. PLACE OF DEATH

County St. Louis Registration District No. 788 File No. _____
 Township _____ Primary Registration District No. 1471 Registered No. 29
 City Webster Groves (No. 408) Bradford ave St. _____ Ward _____

2. FULL NAME

Mark Crawley
 (a) Residence, No. 408 Bradford 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Edith Crawley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94B

10. Date deceased last worked at this occupation (month and year) Feb 1933 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Timothy Crawley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Anna Ramsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edinburgh Scotland

17. INFORMANT (ADDRESS) Edith Crawley 408 Bradford ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's DATE Feb 16 1933

19. UNDERTAKER (ADDRESS) Parker & Webster Groves

20. FILED 2-15 1933 Dr. H.W. Webster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Post autopsy
Sudden occlusion of left coronary artery, with acute dilatation of heart did not allow time for infarct formation on heart.

Direct cause of death: Thrombosis of left coronary artery cardiac dilatation

Other contributory causes of importance: None
Final findings - through natural causes through some form of heart disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) John B. Tiernon M. D.

3718 Jennings Rd. St. Louis, Mo. 2/15/33

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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