

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

Do not use this space.

1. PLACE OF DEATH

County Miss Registration District No. 569
 Township Olney Primary Registration District No. 5763
 City Wyatt (No. _____) St. _____ Ward _____

File No. **20434**

2. FULL NAME

(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 <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18, 1933</u> | | |
| 7. AGE | YEARS | MONTHS |
| | | DAYS |
| | | If LESS than 1 day, .6 hrs. or _____ min. |
| 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 _____ |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss. Co. Miss</u> | |
| | 13. NAME <u>Tom Crawford</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> | |
| | 15. MAIDEN NAME <u>Lulu Beckstaff</u> | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> | |
| | 17. INFORMANT <u>Tom Crawford</u> (ADDRESS) <u>Wyatt Mo</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cem</u> DATE <u>June 18, 1933</u> | | |
| 19. UNDERTAKER <u>Frank Bradley</u> (ADDRESS) <u>Wyatt Mo</u> | | |
| 20. FILED <u>June 18, 1933</u> <u>air Marshall</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to June 18, 1933
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 am.
 The principal cause of death and related causes of importance were as follows:
perinatal birth
 Date of onset _____

Other contributory causes of importance:
159 159

Name of operation none Date of _____
 What test confirmed diagnosis? lym 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) air Marshall, M. D.
 (Address) Wyatt Mo

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.

AUG 20 1933

