

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

Do not use this space.

**26403**

**1. PLACE OF DEATH:**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 3920 Tracy) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3122

**2. FULL NAME** Elsie Madora Crawley

(a) Residence, No. 3920 Tracy St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**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 S. M. Crawley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 7, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>5</u>	<u>24</u>	

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

12. BIRTHPLACE (CITY OR TOWN) Effingham  
 (STATE OR COUNTRY) Kansas

13. NAME Wm. H. McLendon

14. BIRTHPLACE (CITY OR TOWN) Canton  
 (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Potter

16. BIRTHPLACE (CITY OR TOWN) Effingham  
 (STATE OR COUNTRY) Kansas

17. INFORMANT E. F. Crawley  
 (ADDRESS) 3920 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Maria Cem. DATE 8-2-1933

19. UNDERTAKER Steve + Mc Clure  
 (ADDRESS) 3235 Gilliam St. Wash.

20. FILED Aug 2, 1933 imm Crowl  
asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to Aug 1, 1933  
 I last saw her alive on July 31, 1933 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:  
Generalized Casanovici  
febrile, Co. Breat  
50  
50  
 Other contributory causes of importance:  
Myocardial Failure

Name of operation Rt Mastectomy Date of 1928  
 What test confirmed diagnosis? Autopsy 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Frank Black M. D.  
 (Address) 924 Piny Bldg K.C. 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.

SEP 26 1933

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