

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

Do not use this space.

85

35716

1. PLACE OF DEATH

County Ruchanan
Township
City St. Joseph, (No. 1501 South 18th.)

Registration District No.
Primary Registration District No. 1092

File No.
Registered No. 1095 St. Ward

2. FULL NAME Cassius C. Crawford,

(a) Residence, No. 1501 South 18th. St., Ward.

Length of residence in city or town where death occurred 65 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 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 Gertrude Crawford,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1859

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
74 7 18

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

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

10. Date deceased last worked at this occupation (month and year) November 1933 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) Rockford, (STATE OR COUNTRY) Illinois,

13. NAME Unknown,

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ireland,

15. MAIDEN NAME Mary Crawford,

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ireland,

17. INFORMANT Mrs. C. Crawford. (ADDRESS) 1501 South 18th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Mora Cem. DATE NOV. 11th. 1935

19. UNDERTAKER Heaton-Bigale & Bowman (ADDRESS) 315 So. 10th St. Funeral Home

20. FILED 11-11-35 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 - 9th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1933, to Nov 8 1933

I last saw him alive on Nov 8 1933 Death is said to have occurred on the date stated above, at 7:05 a.m.

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

Pneumo. pneumonia to 7/53
11A
107A

Other contributory causes of importance: Influenza Nov 2

Name of operation None Date of no
What test confirmed diagnosis? None 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? no

If so, specify. (Signed) Frank Hardegan, M. D.
(Address) Empire Bldg

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.

MARGIN RESERVED FOR BINDING

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1552

