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

Do not use this space.

39493

JAN 20 1934

1. PLACE OF DEATH
County Clay — Registration District No. 198
Township Fishing River — Primary Registration District No. 3011 — File No.
City Excelsior Spgs (No. ..... St. ..... Ward) — Registered No. 140

2. FULL NAME Margaret Vianna Crawford
(a) Residence, No. 437 Benton Ave St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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: Walter A. Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 25 1875

7. AGE: Years 58 — Months 0 — Days 6 — 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Kty

FATHER
13. NAME: Geo N. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Martha Claywell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kty

17. INFORMANT (ADDRESS): Walter A. Crawford, Excelsior Spgs Mo

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Cemetery
PLACE Pleasant Grove DATE 12-3, 1933

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Spgs Mo — Sturgeon Mo

20. FILED 12-2, 1933 G. S. Craven, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 1, 1933, to Dec 1, 1933
I last saw her alive on Dec 1, 1933. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 1933
General paralysis
82A

Other contributory causes of importance:
82D

Name of operation None — Date of
What test confirmed diagnosis? Clinical — 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) H. J. James M. D.
(Address) Excelsior Spgs. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2