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.

FEB 27 1934

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

Do not use this space.

791 1003

3193

1. PLACE OF DEATH

County ——— Registration District No. 1003 File No. 852

Township ——— Primary Registration District No. Registered No.

City ST LOUIS (No. 412, N. UNION Blvd St. Ward)

2. FULL NAME PERLIE B CRAWFORD

(a) Residence, No. 412 N UNION Blvd St., 1 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: GEO. LACY CRAWFORD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV-23 1872

7. AGE: 61 YEARS MONTHS: 1 DAYS: 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
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): ST LOUIS MO

FATHER

13. NAME: ALFRED BEVIS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CINCINNATI OHIO

MOTHER

15. MAIDEN NAME: LIDA V JONES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CINCINNATI OHIO

17. INFORMANT (ADDRESS): Mr J. E. Crawford 412 N. Union Blvd

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bellefontaine DATE Jan 24 1934

19. UNDERTAKER (ADDRESS): Wagoner 362 Olive St.

20. FILED 20 JUN 19 J. S. Bredeck Registrar.

4. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. (1930), 1930 to Jan 22, 1934

I last saw her alive on Jan 22, 1934. Death is said to have occurred on the date stated above, at 12:55 P.m.

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

	Date of onset
Cerebral Hemorrage	Jan 21 '34
93 C	
94 C	
92 A	

Other contributory causes of importance:

Chronic hypertension with	
Arterial Hypertension	Aug 1930
Coronary thrombosis	Oct. 1933

Name of operation ——— Date of ———

What test confirmed diagnosis? Physical Ex. 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) W P Elmer, M. D.

(Address) 601 University Club Bldg.