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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 25 1934

File No. 16276
Registered No.
St. Ward)

1. PLACE OF DEATH

County Dunklin Registration District No. 288
Township Independence Primary Registration District No. 4172
City Kennett (No. St. Ward)

2. FULL NAME

Ed Crawford

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adeline Jenkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>Unknown</u>	YEARS <u>Unknown</u>	MONTHS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>		11. Total time (years) spent in this occupation <u>Unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Port Richardson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Recreation</u> DATE <u>May 3</u> 1934		
19. UNDERTAKER (ADDRESS) <u>Adeline</u>		
20. FILED <u>May 4</u> 1934 <u>Arthur Davis</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>5-2-1934</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>4-23-1934</u> to <u>5-2-1934</u> I last saw h. <u>M</u> alive on <u>5-2-1934</u> Death is said to have occurred on the date stated above, at <u>11:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Bilateral Pulmonary Tuberculosis</u> <u>23A</u> Date of onset <u>Unknown</u>
Other contributory causes of importance: <u>Unknown</u>
Name of operation <u>Unknown</u> Date of <u>Unknown</u>
What test confirmed diagnosis? <u>Unknown</u> Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Unknown</u> Date of injury <u>Unknown</u> , 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 <u>Unknown</u>
Nature of injury <u>Unknown</u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Unknown</u> (Signed) <u>J. H. Kennett</u> M. D. (Address) <u>Kennett, Mo.</u>

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dunklin

Registration District No. 288

Township

Primary Registration District No. 4172

City

Kennett

(No.

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

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

don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, hrs.
 or min.

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19.

19. UNDERTAKER
 (ADDRESS)

20. FILED

July 9 1934
Wheeler
 Registrar

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

May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) M. D.

(Address)

5-16276