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.

APR 25 1935

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

Do not use this space.

1. PLACE OF DEATH APR 25 1935
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. City Hospital #2 ..... St. ..... Ward)

File No. 14711
Registered No. 3548

2. FULL NAME Frances Crawford
(a) Residence, No. 1520a Pendleton St. 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hyrmus Crawford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2nd 1904
7. AGE YEARS 30 MONTHS 6 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Georgia

FATHER
13. NAME Lazerus Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER
15. MAIDEN NAME Nettie Allison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 - Lawton Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE April 21st 1935

19. UNDERTAKER (ADDRESS) R. C. Houston Jr. 2812, Thomas St.

20. FILED APR 19 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 - 3 - 1935, to 4 - 17 - 1935
I last saw her alive on 4 - 17 - 1935. Death is said to have occurred on the date stated above, at 11:50 A m.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Secondary to 54a
Hysterectomy for non malignant
Date of onset 4-3-35
Other contributory causes of importance:
Infected Tumor of Uterus
Name of operation Hysterectomy 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? .....
If so, specify .....
(Signed) J. Owen Blache M. D.
(Address) 2945 - Lawton Blvd

#1465