

OCT 22 1935

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

Do not use this space.

29145

1. PLACE OF DEATH
 35 County Dunklin Registration District No. 282
 Township _____ Primary Registration District No. H.666
 2 City Campbell (No. _____) St. _____ Ward _____
 2. FULL NAME Rebecca Allan Crawford
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Crawford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 1875
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 57 9 23

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19/1935
 22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1935 to Sept 19th 1935
 I last saw her alive on Sept 2nd 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Re atherosclerosis
 Date of onset 1932

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. Own home
 10. Date deceased last worked at this occupation (month and year) 1-3-34 11. Total time (years) spent in this occupation life

Other contributory causes of importance:
Toxic Myocarditis 9/1 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring Hill Ky

FATHER
 13. NAME John Henderson

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

MOTHER
 15. MAIDEN NAME Margaret E Layton

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

17. INFORMANT (ADDRESS) John Crawford Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Truher DATE 9/20 1935

19. UNDERTAKER (ADDRESS) W N Faby Nelson Mo

20. FILED 9/20/1935 S. E. Mitchell Registrar.

Name of operation None Date of _____
 What test confirmed diagnosis Biopsy and Laboratory 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) S. E. Mitchell, M. D.
 (Address) Malden Mo

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.

