

OCT 22 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29167

File No. _____
Registered No. 98 _____
St. _____ Ward _____

1. PLACE OF DEATH

County Stunklin Registration District No. 289
Township _____ Primary Registration District No. 4173
City Malden (No. _____) St. _____ Ward _____

2. FULL NAME

William Harry 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

3. SEX male 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 Maggie Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30 - 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 5 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. meat butcher

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) May 7 - 35 11. Total time (years, months, and days) spent in this occupation. 20 yrs

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

13. NAME Wm Crawford

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

15. MAIDEN NAME Jane Bentley

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

17. INFORMANT (ADDRESS) Earl Crawford

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 9-30 19 35

19. UNDERTAKER (ADDRESS) H. L. Craig Malden Mo

20. FILED 9-30 19 35 S. E. Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 19 35

22. I HEREBY CERTIFY, That I attended deceased from May 22 19 35 to Sept 29 19 35. I last saw him alive on Sept 25 19 35. Death is said to have occurred on the date stated above, 12:10 m. The principal cause of death and related causes of importance were as follows:

Osteomyelitis of tibia Date of onset Sept 26
154

Other contributory causes of importance: General debility from long term disease of foot

Name of operation Osteomyelitis Date of 7/1/35
What test confirmed diagnosis? By us Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19 ____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Frederick Carlstrom # D. 0
(Address) J. Mueller 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.

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

FOR MUST BE WRITTEN OR
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Dunklin
Township
City (No.)

Registration District No. 289
Primary Registration District No. 4173

File No.
Registered No. 33 St. Ward)

2. FULL NAME

William Harry 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

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

That saw h. alive on, 19..... Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 yr. hrs. min.

to have occurred on the date stated above, at m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Osteomyelitis of tibia

Date of onset

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

154

Other contributory causes of importance:

13. NAME

General debility from long standing disease of bone

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

Unfortunate to have further information

15. MAIDEN NAME

Name of operation Date of operation

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

What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT (ADDRESS)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

18. BURIAL, CREMATION, OR REMOVAL

Where did injury occur? (Specify city or town, county, and State)

PLACE DATE

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS)

Manner of injury

20. FILED 11/19 1935 S. Mitchell Registrar

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Carlston, 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.

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