

OCT 24 1935

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

Do not use this space.

29851

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
City Jasper (No. 809) (No. Wright) (No. \_\_\_\_\_) (Ward) \_\_\_\_\_

2. FULL NAME

Mrs. Frankie Crawford  
(a) Residence, No. 809 Wright St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U. S., if of foreign birth \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 9 18

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housekeeper

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) Sum Co. Mo

13. NAME Jane Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs Ed Lawrence

18. BURIAL, CREMATION OR REMOVAL PLACE St. Joseph DATE 9/6/35

19. UNDERTAKER (ADDRESS) St. Joseph

20. FILED 9-6-35 1935 Ed Lawrence Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 to Sept 5, 1935.  
I last saw her alive on Sept 5, 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease  
Hypertension

Other contributory causes of importance: \_\_\_\_\_

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) Dr. E. Thomas, M. D.  
708 - 708 - 134  
(Address) Jasper 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.

