

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

Do not use this space.

DEC 18 1935

1. PLACE OF DEATH

County Howard,

Registration District No. 378

Township

Primary Registration District No. H 222

City Fayette, (No. _____)

St. _____ Ward _____

2. FULL NAME

Madora Francis 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed,
DIVORCED (with the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/10th 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 I 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Kentucky.

13. NAME John Jennings,

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ira Crawford, Fayette, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge, DATE II/18th 1935

19. UNDERTAKER (ADDRESS) Guy T. Alley, Fayette, Mo

20. FILED Dec 5, 1935 V. C. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/16th 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1935, to _____, 19____

I last saw him alive on 11-14, 1935. Death is said to have occurred on the date stated above, at 7 P. m.

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

Chylopoietic Pneumonia Date of onset 11-14-35

Other contributory causes of importance:
Index Aemia 1933
Myocarditis 1930

Name of operation None Date of _____

What test confirmed diagnosis? Comp 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 _____, 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) W. Bloom, M. D.

(Address) Fayette, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

