

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

Do not use this space.

AUG 20 1936

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 5554  
City Greenleaf (No. 24 Hghway & Dickinson St.          Ward)         

26451

File No.           
Registered No. 261

2. FULL NAME Lloyd Crawford

(a) Residence, No. 24 Hghway & Dickinson 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/4/1926</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>9</u>	<u>9</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>			
	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) <u>Kansas City, Mo.</u>				
FATHER	13. NAME <u>Chester D. Crawford</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Elreno, Ill.</u>			
MOTHER	15. MAIDEN NAME <u>Rose Kepcha</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>			
17. INFORMANT <u>Chester D. Crawford</u> (ADDRESS) <u>24 Hghway &amp; Dickinson</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlawns</u> DATE <u>7/21/36</u> 19 <u>        </u>				
19. UNDERTAKER <u>Sheil Funeral Home</u> (ADDRESS) <u>6606 Indep. Ave.</u>				
20. FILED <u>7-22-36</u> <u>J. L. Cook</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28 19        

22. I HEREBY CERTIFY That I attended deceased from          19         to          19        .  
I last saw him alive on 6/5/36 19        . Death is said to have occurred on the date stated above,          m.  
The principal cause of death and related causes of importance were as follows:  
Automobile Traumatism  
Fracture of the skull  
Pelchian 2/10/36

Other contributory causes of importance         

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external causes (Homicide), fill in also the following: Accident, suicide, or homicidal. Date of injury          19        .  
Where did injury occur? Highway near Jackson, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.         

Manner of injury Struck by auto car

Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?           
If so, specify         

(Signed)         , M. D.  
(Address)

