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.

SEP 29 1936

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

Do not use this space.

26912

File No.
Registered No. 3593

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City, Mo (No. Research St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Babe Crawford
(a) Residence, No. 4306 Harrison 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Babe
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 72 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Kansas City (STATE OR COUNTRY) Mo.

FATHER
13. NAME Max Smith Crawford
14. BIRTHPLACE (CITY OR TOWN) Armstrong (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Myrtle Thelma Haagenson
16. BIRTHPLACE (CITY OR TOWN) Carlyle (STATE OR COUNTRY) Illinois

17. INFORMANT Max Smith Crawford (ADDRESS)
18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE K. C. Mo DATE July 24 1936
19. UNDERTAKER (ADDRESS)
20. FILED 9/3 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1936

22. I HEREBY CERTIFY That I attended deceased from July 23, 1936, to, 19
I last saw h alive on, 19. Death is said to have occurred on the date stated above, at 9:P m.
The principal cause of death and related causes of importance were as follows:

6½ Mo Gestation
~~by~~ Premature birth by
Caesarean due to toxemia
of mother.

Date of onset

Other contributory causes of importance:

169

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes.

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) D. R. Braden, M. D.
(Address) 1115 Grand KC Mo.