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

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.

JAN 18 1937

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

Do not use this space.

43988

1. PLACE OF DEATH
County Camden — Registration District No. 117 — File No. 40
Township Osage — Primary Registration District No. 5167 — Registered No.
City Osage Beach (No. ..... St. ..... Ward)

2. FULL NAME Orrel D Crawford
(a) Residence, No. ..... St., ... Ward. Elgin Minn.
(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 (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Crawford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3 ? 1855
7. AGE: YEARS 81 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Michigan

FATHER
13. NAME: Robert H Tuttle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Com. of Canada

MOTHER
15. MAIDEN NAME: Hawley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): E V Tuttle, Osage Beach
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elgin Minn. DATE: Dec 16, 1936
19. UNDERTAKER (ADDRESS): Bankson Woolery F S, Camdenton Mo
20. FILED: Jan 10, 1937 Lizzie Keller, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from Dec 15, 1936, ~~to~~ VIEWED, 19..., ~~I last saw h~~ ~~alive on~~ at 4 PM, 1936. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by Automobile unavoidable accident	

Other contributory causes of importance: Fracture of skull.

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/15, 1936
Where did injury occur? Federal Highway 54, Osage Beach, Mo (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. on Public Highway
Manner of injury: Struck by auto.
Nature of injury: Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Abbie Bankson Woolery, ~~M.D.~~ Coroner
(Address) Camdenton, Mo

10M-3-28-35