

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

Do not use this space.

47504

1. PLACE OF DEATH ^{Jan 27, 1937}
 County Knight Registration District No. 906
 Township Galsowade Primary Registration District No. 6221
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Olida Lee Stogsdill 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 <u>F</u>	4. COLOR OF RACE <u>A</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Norman Crawford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1, 1910</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>8</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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>Knight Co. Mo.</u>		
FATHER	13. NAME <u>E. J. Stogsdill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knight Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Louisa Brasher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knight Co. Mo.</u>	
17. INFORMANT <u>Norman Crawford</u> (ADDRESS) <u>pp. 3 Mansfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newton Cem.</u> DATE <u>12-2-36</u>		
19. UNDERTAKER <u>Kelley-Ferrell</u> (ADDRESS) <u>Sycamore Mo.</u>		
20. FILED <u>Dec 21, 1936</u> <u>Earlyn Celis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1936, to Dec 1, 1936
 I last saw him alive on Dec 1, 1936 Death is said to have occurred on the date stated above, at 3:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Septicæ Date of onset 10.29
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 Other contributory causes of importance:
Child birth cramping uremia

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? _____ 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) J. A. Fuson, M. D.
 (Address) Mansfield Mo.

MAIN RESERVED FOR BINDING

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.

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