

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Sugar Creek
City Deligman (No. _____)Registration District No. 36
Primary Registration District No. 5052File No. 4908
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sarah Francis Crabaugh
(a) Residence, No. Deligman, Mo. 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 M. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Hed. Crabaugh6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28-18947. AGE YEARS MONTHS Days If LESS than 1 day,hrs. ormin.
42 5 198. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Benton County Ark13. NAME C. W. Harr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri15. MAIDEN NAME Hilford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT (ADDRESS) George Crabaugh Deligman, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Deligman DATE 2-18-3719. UNDERTAKER (ADDRESS) Koon Funeral Home Cassville, Mo.20. FILED 2-18-37 Jellee S. Trout Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-193722. I HEREBY CERTIFY, That I attended deceased from 2-14-1937, to 2-16-1937I last saw her alive on 2-14-1937 Death is said to have occurred on the date stated above, at 8:10 A.M.

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

Agonaloytic Angina Date of onset unk.Other contributory causes of importance: 11501Oral Apnoea Date of onset unk.

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab. Was there an autopsy? no

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) Leon Newman, M. D.(Address) Cassville, 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.

