

JUN 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dunk
Township Lick Creek
City (No. City St. Ward)

Registration District No. 645
Primary Registration District No. 6273

File No. 20888
Registered No. 6

2. FULL NAME

William Crawford

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malissa Crawford

22. I HEREBY CERTIFY, That I attended deceased from March 21 1937, to March 22 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1960

I last saw him alive on March 21 1937. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

7. AGE 76 YEARS 6 MONTHS 7 DAYS If LESS than 1 day, hrs. or min.

Pneumonia (Bronch)
Date of onset March 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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

Other contributory causes of importance:
1072

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arva, Mo

Name of operation Wound Date of March 21
What test confirmed diagnosis? Was there an autopsy?

13. NAME Alex. Crawford

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perth Amboy, N.J.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Lizzie Lance

Manner of injury
Nature of injury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perth Amboy, N.J.

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

17. INFORMANT Mrs. Jerome Wells
(ADDRESS) Howard Ridge, Mo

(Signed) E. J. White, M. D.
(Address) Howard Ridge, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Ridge DATE 4-23-37

19. UNDERTAKER Lick Ellison
(ADDRESS) Howard Ridge, Mo

20. FILED 5-10 1937 J. J. White Registrar.

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.

