

AUG 30 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. LouisTownship BonhommeCity Kirkwood Mo.Registration District No. 785Primary Registration District No. 3037(No. Old Folks Home 711 S. Kirkwood Rd Ward)

28284

File No.

Registered No. 952. FULL NAME Laura F. Crawshaw(a) Residence, No. Old Folks Home St. Ward.

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWatt Crawshaw6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1846

7. AGE

YEARS

91

MONTHS

4

DAYS

3

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

Retired

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) St. Louis Mo
(STATE OR COUNTRY)13. NAME Thomas Targee14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)15. MAIDEN NAME "216. BIRTHPLACE (CITY OR TOWN) "1
(STATE OR COUNTRY)17. INFORMANT Old Folks Home Records
(ADDRESS) 711 S. Kirkwood Rd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine Cem DATE July 26 193719. UNDERTAKER Louis H. Beyer
(ADDRESS) Kirkwood, Mo.20. FILED 7-23- 1937 Agnes O'Keely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 1 1937 to July 23 1937I last saw her alive on July 23 1937 Death is saidto have occurred on the date stated above, at 9:30 a.m.

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

Cerebral hemorrhage
Lived 1 hour after
hemorrhage

Date of onset

7-23

Other contributory causes of importance:

Atherosclerosis20 yrsName of operation None Date of What test confirmed diagnosis Technical 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? noIf so, specify (Signed) E. E. Barnet M. D.(Address) Kirkwood Mo.
209 S. Howard

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.

3-37

