

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Texas

Township

Carroll

City

Robert L. Crawford

Registration District No.

1077

Primary Registration District No.

6140

File No.

32055

Registered No.

23-

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(name of deceased)

Margaret Crawford

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

Dec. 6 - 1884

7. AGE

YEARS

52

MONTHS

8

DAYS

20

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Homemaker

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Raymondville Mo

MOTHER

13. NAME

Joe Crawford

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ky.

15. MAIDEN NAME

Horriet Rider

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ky.

17. INFORMANT
(ADDRESS)

Wynne Crawford Son.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Summersville

DATE

8/26/1937

19. UNDERTAKER
(ADDRESS)Duncan Funeral Home
Mt. Vernon Mo.

20. FILED

8-31

1937

J. B. McDaniel
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8/26/1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 15

1914, to

July

19

I last saw h.

alive on

19

Death is said

to have occurred on the date stated above, at.....m.

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

Leukemia

Date of onset

Other contributory causes of importance:

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

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)

(Address)

J. B. McDaniel
Summersville Mo.

M. D.

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.

