

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Reynolds
Township West
City Redford

Registration District No. 1108
Primary Registration District No. 5983

File No. 38614
Registered No. 5
St. West Ward

2. FULL NAME

Dennis Ray Crawley
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(Usual place of abode)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Singles 3-1934
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-3-1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Redford, Missouri13. NAME Christo Crawley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redford, Missouri15. MAIDEN NAME Oral Ethel Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redford, Missouri17. INFORMANT Christo Crawley
(ADDRESS) Redford, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Redford, Missouri DATE 10-22-193719. UNDERTAKER First Funeral Home
(ADDRESS) Redford, Missouri20. FILED 10-23-1937 T. C. Giles, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-193722. I HEREBY CERTIFY, That I attended deceased from 10-11-1937 to 10-21-1937I last saw him alive on 10-18-1937. Death is saidto have occurred on the date stated above, at 6 A.M.

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

Diphtheria Date of onset Other contributory causes of importance: 10Name 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) T. C. Giles, M.D.
(Address) Redmond, Mo.

