

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Co Registration District No. 735 File No. 3875
 Township Centralia Primary Registration District No. 3034 Registered No. 24
 City Centralia (No. Mc Cormick Hospital) St. Centralia Ward 1

2. FULL NAME

Clifford L. Crawford
 (a) Residence, No. Centralia St. Centralia Ward Centralia, MO.
 (Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 17 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1911

7. AGE YEARS 26 MONTHS 7 DAYS 23 If LESS than 1 day, hrs. or min.

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

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) 5 months ago 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo

13. NAME James Crawford

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

15. MAIDEN NAME Lena Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon Co Mo

17. INFORMANT (ADDRESS) Arch Crawford (Brother) Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Piggis Cem. DATE Feb 2, 1938

19. UNDERTAKER (ADDRESS) Snow Funeral Home Centralia Mo

20. FILED Feb 1, 1938 Edhel Cleten Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Coroner's base, 1938

I last saw h — alive on —, 1938 Death is said to have occurred on the date stated above, at 245 A. M.

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

Auto accident, Right chest crushed, right arm broken and various other bruises on body and concussion of brain Date of onset ?

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-29-38

Where did injury occur? Clark Randolph Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Auto hit at cross

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) A. H. Snyder, Coroner, M. D.

(Address) Centralia, 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.

RECEIVED

FEB 23 1938

BUREAU OF STATISTICS
MD. STATE DEPT. OF HEALTH