

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **701**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **1536**), **Papin Street** St. Ward)

File No. **9217**
 Registered No. **2806**

2. FULL NAME **Richard Crawford** **616**
 (a) Residence, No. **2231 West Lucas** St. Ward. **21**
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 16, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 **4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labourer**
 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) **Mississippi** (STATE OR COUNTRY) **6**
Joe Crawford **1**

13. NAME **Miss**

14. BIRTHPLACE (CITY OR TOWN) **Francis Crawford** (STATE OR COUNTRY) **1**

15. MAIDEN NAME **Miss**

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

17. INFORMANT **Anna D. Montgomery** (ADDRESS) **8031 W. Lucas Street**

18. BURIAL, CREMATION, OR REINTERMENT PLACE **Pontatoc Miss** DATE **3/24** 19 **38**

19. UNDERTAKER **Perment - son** (ADDRESS) **2631 Washington**

20. FILED **J. O. Bedeck** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 16, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 19**, 1938, to **March 20**, 1938

I last saw h. im. alive on **March 20**, 1938. Death is said to have occurred on the date stated above, at **8:05 P.M.**

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

Cerebral Hemorrhage
PT. Aneurysm
Hypertension
 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 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 **Francis D. Alford**, M. D.
 (Signed) **J. O. Bedeck**

(Address) **St. Mary's Infirmary**

MAR 24 1938

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Cambridge