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.

REC'D APR 23 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Stoddard 1 Registration District No. 840 File No. 12283
Township Duck Creek Primary Registration District No. 6102 Registered No. 12
City ~~Pupico~~ (No. , St. Ward)

2. FULL NAME Norf Jones Crawford 616
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. 4 mos. 1 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farm work
10. Date deceased last worked at this occupation (month and year) Mar 1923
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo. 0

FATHER
13. NAME Elridge Crawford. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn town unknown 1

MOTHER
15. MAIDEN NAME Annie Scism
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. town unknown.

17. INFORMANT (ADDRESS) Mrs Gertie Crawford Pupico Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Duckcreek Cem DATE Mar. 25 1938

19. UNDERTAKER (ADDRESS) Watkins Funeral Service Dexter Mo.

20. FILED Mar 23 1938 Vivian Hawks Glenn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1938, to March 23, 1938
I last saw him alive on March 23, 1938 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrage Brain	
822	

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? No 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? No
If so, specify
(Signed) B. P. Elmore, M. D.
(Address) Pupico Mo

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