

REC'D JUN 24 1938

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

19700

Do not use this space.

1. PLACE OF DEATH *Shelby* ²
 (a) County *Clay* Registration District No. *827*
 (b) Township *Clay* Primary Registration District No. *6089* Registered No. *5*
 (c) City..... (d) Street No..... St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Mrs Alice S Crawford* *616*
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Chas Crawford*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mch 20 1877*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as 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) *Shelby Co Mo*

FATHER 13. NAME *Thomas B. Crawford*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Shelbyville Mo*

MOTHER 15. MAIDEN NAME *Ann M Priest*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ralls Co Mo*

17. INFORMANT (ADDRESS) *Chas Crawford*
Clarence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maplewood* DATE *May 20 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Hamilton Burd, Co*
Clarence, Mo.

20. FILED *579* 19 *38* *Roy Hamilton*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18 1938*

22. I HEREBY CERTIFY, That I attended deceased from *August*, 1935, to *May 18*, 1938
 I last saw *her* alive on *May 18*, 1938 Death is said to have occurred on the date stated above, at *6:30 pm*.
 The principal cause of death and related causes of importance were as follows:
Chronic Lymphatic Leukemia
Chronic Cholecystitis
 Date of onset *1935*
72.4
 Other contributory causes of importance: *1930*

Name of operation *none* Date of _____
 What test confirmed diagnosis *microscopic* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* Date of injury _____, 19____
 Where did injury occur? *no*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*
 Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *D. S. Harlan M. D.*
 (Signed) *Clarence* M. D.
 751 (Address) *Clarence Mo*

V. D. R. A.

STATEMENT BY LICENSED EMBALMER

I, George J. Givan, Licensed Embalmer No. 1754
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

..... L. E.
No. or by
working under my personal supervision.

Signed George J. Givan Registered Apprentice No.
Licensed Embalmer No. 1754

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)