REC'D JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No. 21193

Township — Primary Registration District No. 3001 — Registered No. 102

City Kirksville (No. 701, West George St. 3rd. Ward)

2. FULL NAME Jesse S. Crawford 616

(a) Residence, No. 701 West George St., 3rd. 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 (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-1865

7. AGE: YEARS 72 — MONTHS 9 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Adair Co. Missouri 0

FATHER

13. NAME S. M. Crawford 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 1

MOTHER

15. MAIDEN NAME Ellen Ashlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Renettee Crawford 701 W. George, Kirksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stookey DATE 6-22-1938, 19

19. UNDERTAKER (ADDRESS) Dee Riley Funeral Home Kirksville Mo.

20. FILED June 28, 1938 Spencer L. Freeman Registrar. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 20, 1938

I last saw him alive on June 20, 1938. Death is said to have occurred on the date stated above, at 11:05 P m.

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

Catarrhal Pneumonia (Bronchial) 8241

Date of onset

Other contributory causes of importance: Hemiplegia of about 3 months (Apoplexy)

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Physical 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) L. J. Conner, M. D.

(Address) Kirksville 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.