

REC'D OCT 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Brunswick
City Brunswick (No. 2)

Registration District No. 169
Primary Registration District No. 4098

File No. 31948
Registered No. 21
St. _____ Ward _____

2. FULL NAME

ALFRED S. CRAWFORD

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Alice Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 8 25

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

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) Iowa13. NAME Elihu Crawford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington15. MAIDEN NAME Alvada Woodruff16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connersville17. INFORMANT (ADDRESS) Franc Crawford

18. BURIAL, CREMATION, OR REMOVAL

PLACE Summer Mo DATE Sept 26, 1938

19. UNDERTAKER (ADDRESS) H. Weiser20. FILED Sept 25, 1938 Harry E. Jatum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1938 to Sept 24, 1938

I last saw him alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Interstitial Nephritis Date of onset 2 yrs

Other contributory causes of importance:

Arteriosclerosis

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 _____

(Signed) Harry E. Jatum, M. D.(Address) Brunswick, 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

District Health Officer No. 8,

District File Number

Date Filed 10/12/38