REC'D DEC 1 9 1938

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

39523
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township Preston
(c) City Jasper
2. Registration District No. 410
Primary Registration District No. 5566
Registered No. 21
(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 6 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Adam Crawford
(a) Residence, No. Jasper Mo St.
(Usual place of abode, if no street address, write county or city) (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 Belle Crawford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10 1851
7. AGE: Years 87 Months 10 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Fort Wayne, Indiana

FATHER
13. NAME Greenburg Crawford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Mary Bainter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne, Indiana

17. INFORMANT (ADDRESS) Belle Crawford Jasper Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mitchell DATE Nov 16 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas J. Teeter Jasper Mo
20. FILED Nov. 16 1938 Clara E. Carno Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938, to Nov. 14th, 1938
I last saw him alive on Nov. 14th 1938. Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
93 F	

Other contributory causes of importance:
Age

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) J. Darwin Magee D.O., ~~M.D.~~
(Address) Jasper, Mo.
8-55

(Licensed Embalmer's Statement on Reverse Side)

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.

PRINTED, WITH STRIKING INK, THIS IS A PERMANENT RECORD

X14028

RECEIVED
District Health Officer No. 6,
District File Number 6-38-689
Date Filed DEC 7 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Thos J. Teeter, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Thos J. Teeter

Licensed Embalmer No. 2566

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.