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 MAY 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Clay
Township ~~Fishing River~~
City Excelsior Springs, Mo (No. ..... St. 3d Ward)

Registration District No. 198
Primary Registration District No. 3011

File No. 14617
Registered No. 58

2. FULL NAME CRAWFORD, James Moses
(a) Residence, No. Veterans Administration Facility Excelsior Springs, Mo. St., ... Ward. Moberly, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 17 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~~ Myrtle E. Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	2	21	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Missouri

FATHER
13. NAME B. Frank Crawford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Missouri.

MOTHER
15. MAIDEN NAME Lula Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Missouri.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly, Mo. DATE 4-28-39, 19

19. UNDERTAKER (ADDRESS) John C. Prather
Excelsior Springs, Mo.

20. FILED Apr 29 1939 Lorena McCracken Registrar. 186

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1939 to April 28, 1939
I last saw him alive on April 28, 1939 Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension; Chronic nephritis; Uremia.	

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Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — 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? ..... (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 E K Moore
(Signed) E.K.MOORE, MD, Clinical Director, M. D.
(Address) Veterans Administration Facility Excelsior Springs, Missouri.

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 5/3/39