

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

39136

Registration District No. 89

Primary Registration District No. 3007

Registrar's No.

286

1. PLACE OF DEATH:

(a) County Butler Bluff, Mo.
 (b) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Harper & Benton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 Years (Specify whether
 In this community 19 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Harper & Benton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME

Rev. W. D. Crawford

8. (b) If veteran, name war

8. (c) Social Security No.

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 5, 1885
 (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Dermott, Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation Minister and Tamale Maker

11. Industry or business

MOTHER FATHER { 12. Name John Crawford

13. Birthplace La.
 (City, town, or county) (State or foreign country)

14. Maiden name Elia McKey

15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lucy Crawford

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Nov. 27, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Greer-Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 11/27/39 (b) Ch. Crawford
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov. day 25
1939 year hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from July, 1938, to Nov 25, 1939;
 that I last saw him alive on Nov 25, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation with edema Duration 9 months

Due to Hypertensive heart Disease - BP 200/130 5 year

Other conditions Arteriosclerosis 11 11
 (include pregnancy within 6 months of death)

Major findings: Of operations 171 Underline the cause to which death should be charged statistically.
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature A. B. Brooks (M. D. or other) Mo.
 Address Poplar Bluff, Mo. Date signed 11-28-39

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Chover W. Green*

Licensed Embalmer No. *2964*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39136

Do not use this space.

1. PLACE OF DEATH
- (a) County Butler Registration District No. 89
- (b) Township Pepler Bluff Primary Registration District No. 3007 Registered No. _____
- (c) City Pepler Bluff (d) Street No. _____ St. _____
- (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 Res Warren D. Crawford
- (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

34 2 20

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

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

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 _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

FATHER 13. NAME _____

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____, 19____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 7/10 1940 Obelusinger Local Registrar.

(Signed) A. J. Brooker, M. D.

(Address) Pepler Bluff Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. FATHER'S NAME should be stated EXACTLY. FATHER'S NAME should be stated EXACTLY. FATHER'S NAME should be stated EXACTLY.

SUPPLEMENTARY

