

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

**1483**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Adair Registration District No. 3  
 (b) Township Wilson Primary Registration District No. 4003 Registered No. 20  
 or  
 (c) City Libbe (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

MRS. ELIZABETH CRAWFORD  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 4 17

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

FATHER 13. NAME Michael Foucauron

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

MOTHER 15. MAIDEN NAME Julia Beatty

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

17. INFORMANT H. E. Crawford  
 (ADDRESS) Libbe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Jan 29 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. R. Evelyn  
Brashear, Mo.

20. FILED 2-4 1940 Spencer L. Smeeman  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1940

22. I HEREBY CERTIFY: That I attended deceased from Jan 23 1940 P. to Jan 27 1940  
 I last saw him alive on Jan 26 1940 Death is said to have occurred on the date stated above, at 5 A. M.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 1-23-40  
 Other contributory causes of importance:  
Slight cerebral hemorrhage Dec 27-1939

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) N. M. Hays, M. D.  
 (Address) Brashear, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

522

RECEIVED

District Health Officer No. 10

District File Number 2-40-431

Date filed FEB 13 1940

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 Foster R. Early

Licensed Embalmer No. 1146

P. O. Address Boonville, Mo.

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.

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
ST. LOUIS, MISSOURI



