

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

Do not use this space.

33295

1. PLACE OF DEATH
 County Henry Registration District No. 14
 Township Windsor Primary Registration District No. 4211
 City Windsor (No.) St. Ward
 Registered No. 31

2. FULL NAME Lilly May Crawford
 (a) Residence, No. St. Ward
 (Usual place of abode) (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 - 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 | 10 | | | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cassville
 (STATE OR COUNTRY) Co. Mo

10. NAME OF FATHER James A Crawford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) K. Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth A Crawford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Statt Co Mo
 (STATE OR COUNTRY)

14. INFORMANT Mrs Crawford
 (Address) Windsor Mo
 FILED Nov 10 1927 Windsor
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1927

17. I HEREBY CERTIFY That I attended (deceased from July 1927 to Nov 9 1927) that I last saw him alive on Nov 9 1927 and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Intestinal Tuberculosis

CONTRIBUTORY (SECONDARY) Epilepsy
 (duration) 25 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IS NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) T. J. Jennings M. D.

Nov 9, 1927 (Address) Windsor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo DATE OF BURIAL Nov 10 1927

20. UNDERTAKER W. E. Hester ADDRESS Windsor 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.

