

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.

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wendover
Township Wendover
City Windsor

Registration District No. 14
Primary Registration District No. 4211
(No. West Benton)

File No. 34333
Registered No. 27
Ward

2. FULL NAME Emma Ann Crawford

(a) Residence, No. West Benton St., West Benton Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 17 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
6 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, 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) Windsor, Mo.

FATHER 13. NAME Thomas Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Mo.

MOTHER 15. MAIDEN NAME Lula Polson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden County, Mo.

17. INFORMANT (ADDRESS) Mrs. Crawford Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Oct 2, 1937

19. UNDERTAKER (ADDRESS) Windsor, Mo.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1936, to Sept 30, 1937
I last saw her alive on Sept. 27, 1937. Death is said to have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:
Sarcoma of left Orbit Date of onset 9-15-36

Other contributory causes of importance: 50

Name of operation Removal of eye Date of 7-10-37
What test confirmed diagnosis? Microscopic Was there an autopsy? No

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? No
If so, specify (Signed) J. A. Blackmore, M. D.
(Address) Windsor, Mo.

