

K. 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.

MAY 27 1930

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

Do not use this space.

9581

1. PLACE OF DEATH

County Monteau
Township Walker
City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 18
St. Ward)

2. FULL NAME

Luna Hortense Crawford

(a) Residence. No. St. Ward.

(Usual place of abode)

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

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

J. H. Crawford

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

Mar 25-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69

11

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

10. NAME OF FATHER

Kennedy Craig

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

West Virginia

12. MAIDEN NAME OF MOTHER

Mary Clayton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

14.

INFORMANT (Address)

Martin Crawford
California Mo

15.

FILED

March 18 30

James H. North
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 16 1930

17.

I HEREBY CERTIFY, That I attended deceased from Mar 13, 1930 to Mar 16, 1930, that I last saw her alive on Mar 16, 1930, and that death occurred, on the date stated above, at 11:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sepsis following punctured wound Right thumb
185
998

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

Infected E. coli

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. North, M. D.

3/18, 1930 (Address) California, Mo

*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

DATE OF BURIAL

Masonic Cem

3/18 1930

20. UNDERTAKER

ADDRESS

Hillman & Friedman
California

