

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.

MAY 28 1929

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau

Township Weston

City California

Registration District No. 571

Primary Registration District No. 4335

File No. 15407

Registered No. 26

St. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

married

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

annie H. Crawford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

73

11

6

8. OCCUPATION OF DECEASED

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

Retired

(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)

Staunton, Va

10. NAME OF FATHER

Baxter Crawford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Staunton

Va

12. MAIDEN NAME OF MOTHER

Cornelia Crawford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Staunton

9/2

14.

INFORMANT

(Address)

Morris H. Crawford

California, Mo.

15.

FILED

April 27, 1929

Just R. Roth

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 20 1929

17.

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1928, to Apr 20, 1929, that I last saw him alive on Apr 20, 1929, and that death occurred, on the date stated above, at 2 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Sepsis

104 1/2

36

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

Fracture Scapula

(duration) yrs. mos. 9 mos. 15 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. B. Bessie Jr. M. D.

4/20, 1929 (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

Marie Cemetery

4-21 1929

20. UNDERTAKER

ADDRESS

Wm. H. Lane

California

