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

JUL 24 1936

Do not use this space.

23606

1. PLACE OF DEATH
County Moniteau Registration District No. 571
Township Walker Primary Registration District No. 4335
City California (No. ..... St. ..... Ward)

File No. .....
Registered No. 44

2. FULL NAME Mamie Ruth 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: D N. Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 14th 1910

7. AGE — YEARS: 25 | MONTHS: 7 | DAYS: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Moniteau Co

FATHER

13. NAME: Chas Burlingame
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co

MOTHER

15. MAIDEN NAME: Augie Prewitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co

17. INFORMANT (ADDRESS): Mrs Augie Prewitt California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson DATE 6/7 1936

19. UNDERTAKER (ADDRESS): Mulligan & Friedmeyer California Mo

20. FILED 6-8-1936 H. R. Pofejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936 to June 5, 1936
I last saw h. alive on June 5, 1936 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:

	Date of onset
Influenza	
Complicated by Malaria & Strepto-caccia infection	

Other contributory causes of importance:
Pregnancy 2 Mo

Name of operation none 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? No
If so, specify .....

(Signed) L. L. Latham, M. D.
(Address) California 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.

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

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