

MAY 25 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

13821

## 1. PLACE OF DEATH

County MonteauTownship WalkerCity (No)Registration District No. 571Primary Registration District No. 5769File No. 18Registered No. 18St. (No) Ward (No)

## 2. FULL NAME

(a) Residence, No. Maurice Del Crawford St. (No) Ward (No)

(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

Male

## 4. COLOR OR RACE

W

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

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

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

Apr 6 - 1933

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

1129

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Monteau Co

## 13. NAME

Arthur Crawford

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monteau Co

## 15. MAIDEN NAME

Mary Rohrbach

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monteau Co

## 17. INFORMANT (ADDRESS)

Arthur Crawford  
California Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Baptist ChurchDATE 4/61934

## 19. UNDERTAKER (ADDRESS)

William & Fried Meyer  
California Mo

## 20. FILED

4-61934H. R. PopejoyRegist.

## 2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 5 - 193422. I HEREBY CERTIFY, That I attended deceased from 3 - 20 - 1934 to 4 - 5 - 1934I last saw him alive on 4 - 3 - 1934 Death is saidto have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Measles7  
107A

Date of onset

Other contributory causes of importance:

Bronchial PneumoniaName of operation Typhoid Date of (No)What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? (No) Date of injury (No), 19 (No)Where did injury occur? (No)

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (No)Nature of injury (No)24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (No)(Signed) H. R. Popejoy 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.

