

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

Do not use this space.

34465

**1. PLACE OF DEATH**

County Monteag Co  
Township Thalder  
City California

Registration District No. 571  
Primary Registration District No. 4335

File No. ....  
Registered No. 54  
St. .... Ward

**2. FULL NAME**

Francis Ann 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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-19-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 5

**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)

Monteag  
Lucas Mayhew

**10. NAME OF FATHER**

Lewis Mayhew

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

France

**12. MAIDEN NAME OF MOTHER**

Sarah Fudd

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ky

**14.**

INFORMANT (Address)

Mrs. Jacob Ostrley  
California

**15.**

FILED

Oct 14 29 Jas. W. Poth  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-13-1929

17. I HEREBY CERTIFY That I attended deceased from 9-16-1928 to 10-13-1929, and that I last saw him alive on 10-12-1929, and that death occurred, on the date stated above, at 7-30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Bronchitis

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
CONTRIBUTORY (SECONDARY) PPB

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHICH TEST CONFIRMED DIAGNOSIS.....  
(Signed) H.R. Popejoy, M.D.  
10-14, 1929 (Address) California Ind

\*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 Old Town Cem DATE OF BURIAL 10/14 1929  
20. UNDERTAKER Bellevue & Friedman ADDRESS California

WRITE PLAINLY, WITH UNYADING INK---THIS IS A PERMANENT RECORD

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.

68  
26  
1929

2  
1  
9  
2

