

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.

APR 25 1936

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

Do not use this space.

11652

1. PLACE OF DEATH

County *Mountain*

Township *Walker*

City (No.)

Registration District No. *576*

Primary Registration District No. *5769*

File No. *18*

Registered No. *18*

St. Ward

2. FULL NAME

(a) Residence, No. *Mary Jane Crawford* 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)

Widowed

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

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

Dec 27 - 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

86

2

25

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)

Ky

FATHER

13. NAME

Joseph Garrett

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

Virginia

MOTHER

15. MAIDEN NAME

Martha Beard

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

Ky

17. INFORMANT
(ADDRESS)

Jessie Crawford
California Mo

18. BURIAL, CREMATION OR REMOVAL

PLACE *Old Town Cem* DATE *3/24* 1936

19. UNDERTAKER
(ADDRESS)

Willeau & Friedmeyer
California Mo

20. FILED

3-24-36 *A. R. Popejoy*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-23-1936*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation..... 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?.....

If so, specify.....

(Signed) *Lombay M. Gray*, M. D.

(Address).....

