

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

Do not use this space.

1978

PLACE OF DEATH

County Monteair  
Township Clarkburg  
City Clarkburg (No. \_\_\_\_\_)

Registration District No. 1095  
Primary Registration District No. 4336

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Carl Daniel 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

Male

4. COLOR OR RACE

White

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

Single

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

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

Nov 1, 1912

7. AGE

YEARS MONTHS DAYS  
17 2 27

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Student  
(b) General nature of industry, business, or establishment in which employed (or employer). In school  
(c) Name of employer \_\_\_\_\_

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

High Point Mo

10. NAME OF FATHER

Edward G. Crawford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

California Mo

12. MAIDEN NAME OF MOTHER

Effie Armstrong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

High Point Mo

14. INFORMANT (Address)

E. G. Crawford  
Clarkburg Mo.

15. FILED 1-29-1930

J. J. Jernigan  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28-1930

17. I HEREBY CERTIFY, That I attended deceased from 10-20-1929 to 1-28-1930, that I last saw him alive on 1-28-1930, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. B. Farris, M. D.

1-29-1930 (Address) Clarkburg, 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

Masonic Cemetery  
Clarkburg Mo

DATE OF BURIAL

1-30-1930

20. UNDERTAKER

James E. Pugh

ADDRESS

Septon Mo

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

