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

Do not use this space.

File No. 35433
Registered No. 10490

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. 4135, West Pine St., ... Ward)

2. FULL NAME Louisie Crawford

(a) Residence. No. 4135 West Pine St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Crawford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18-1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	0	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Big Sandy
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) N. Carolina
12. MAIDEN NAME OF MOTHER Waters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT E. C. Crawford
(Address) 4135 West Pine

15. FILED OCT 25 1928 Marcus Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928, to Oct 23, 1928 that I last saw h. alive on Oct 23, 1928, and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
24 hrs
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) old age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John Evison M.D.
10/24/28 (Address) 400 City Nat Bk

*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 Paris Tenn — DATE OF BURIAL 10-26 1928

20. UNDERTAKER Hill Und. Co. — ADDRESS Centreville Ill

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.