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

Do not use this space.

22866

File No. 2858

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kans — Primary Registration District No. 1002

City K. C. Mo (No. 2936 Jarbol St. Ward)

2. FULL NAME Lula Crawford

(a) Residence. No. 2936 Jarbol St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 - 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	8	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(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) Ga

PARENTS

10. NAME OF FATHER B. J. Hill

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

12. MAIDEN NAME OF MOTHER Laura Crawford

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

14. INFORMANT Gertrude Lenox
(Address) 2304 Lydia

15. FILED 7/12, 1930 M. M. Crowe REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 8 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1930, to July 8, 1930 that I last saw her alive on July 8, 1930 and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131

129A (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Don't Know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at Place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urine
(Signed) C. N. Brown, M. D.
7/10, 1930 (Address) 536 Central Ave

*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	DATE OF BURIAL
West Lawn	6-12 1930
20. UNDERTAKER	ADDRESS
H. B. Moore	1820 E 18

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.

[illegible]
or 1016 Lydia
Vi 3316