

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

Do not use this space.

19867

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis Mo (No. City Wash # 2)

File No. ....  
Registered No. **5892**  
St. .... Ward)

**2. FULL NAME**

Mary Crawford  
(a) Residence No. 13107 Wash St. St. 25 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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 Col 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) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
alt. 23 - -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Cook  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER Lee Crawford

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

12. MAIDEN NAME OF MOTHER Arndina Anderson

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

14. INFORMANT A. Gertrude Grant  
(Address) City Wash # 2

15. FILED MAY 23 1931 St. Louis Mo REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/4 1931, to 5/12 1931, that I last saw him alive on 5/4 1931, and that death occurred, on the date stated above, at 3:10 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

2.3A  
Pulmonary tuberculosis  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 2.3  
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Clinical & Lab  
(Signed) Dennis E. Ruppel, M. D.

5/12 19 31 (Address) City Wash # 2  
\*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis Mo  
DATE OF BURIAL May 27 1931

20. UNDERTAKER G. W. Bruce Garrison  
ADDRESS 10037

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.

