

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

Do not use this space.

41099

JAN 26 1934

PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 41099

Township 6

Primary Registration District No. 3034

Registered No. 2435

City Moberly

No. Woodland Hospital

St. 2nd Ward

2. FULL NAME Charles Omer Crawford

(a) Residence, No. _____ St. _____ Ward. Salisbury Mo. R.F.D.
(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) July-14-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8 5 16

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) Mo.

FATHER 13. NAME Omer Crawford

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

MOTHER 15. MAIDEN NAME Oda Glassen

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

17. INFORMANT Mrs Omer Crawford (ADDRESS) Salisbury mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury DATE 1-1 1933

19. UNDERTAKER Winkemeyer Bros (ADDRESS) Salisbury mo

20. FILED 12/30 1933 Virginia Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1933 to Dec. 30 1933.
I last saw him alive on Dec. 30 1933. Death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:
Accidental gun shot injury of chest + abdomen

Date of onset Dec. 29 1933

Other contributory causes of importance: 194

Name of operation Removal of stomach + spleen Date of Dec. 29/33
What test confirmed diagnosis? Operation Was there an autopsy? ?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec. 29, 19. 33
Where did injury occur? Salisbury, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Accidental shot gun injury
Nature of injury " " " "

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R. D. Streetor, M. D.
(Address) Moberly, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

