MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Clair — Registration District No. 1037 — File No. 6224-B
Township Jackson — Primary Registration District No. 6012 — Registered No.
City Lowry City Mo (No. ..... St. ..... Ward)

2. FULL NAME Loranzo Dow Crawford
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1867

7. AGE: YEARS 66 — MONTHS 11 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of Gospel
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) not given Iowa

FATHER
13. NAME Andrew Crawford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not given Tenn.

MOTHER
15. MAIDEN NAME Malinda Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Tenn.

17. INFORMANT (ADDRESS) Paul L Crawford Lowry City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wrights Creek Cemetery DATE 2/21/1934

19. UNDERTAKER (ADDRESS) H. C. Austin Lowry City Mo

20. FILED ..... 19 ..... Mrs W F Hudson Registrar.
by W F H

MEDICAL CERTIFICATE OF DEATH

(1)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 17 1934, to Feby 19 1934
I last saw him alive on Feby 19 1934. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia (Double)	2/10/34

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature] M. D.
(Address) Brownington Mo

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

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.