

MAY 25 1934

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

Do not use this space.

13921

1. PLACE OF DEATH

County Monteau
Township Walker
City (No. _____) _____ St. _____ Ward _____

Registration District No. 571
Primary Registration District No. 5769

File No. _____
Registered No. 18

2. FULL NAME

Maurice Del Crawford

(a) Residence, No. _____ St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 6 - 1933</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
	<u>11</u>	<u>29</u>

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 (year's) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co.

13. NAME Arthur Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co.

15. MAIDEN NAME Mary Rohrbach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co.

17. INFORMANT (ADDRESS) Arthur Crawford California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sappington Cem DATE 4/6 1934

19. UNDERTAKER (ADDRESS) Williams & Friedmeyer California Mo

20. FILED 4-6 1934 H. R. Poppejoy Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 5 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 3 - 20 - 1934 to 4 - 5 - 1934
I last saw him alive on 4 - 3 - 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

measles
107A
Date of onset _____
Other contributory causes of importance: Bronchial Pneumonia
Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) H. R. Poppejoy M. D.
(Address) California 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.

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