

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

26336

## 1. PLACE OF DEATH

County Trenton  
Township Trenton  
City Trenton (No. \_\_\_\_\_)Registration District No. 328  
Primary Registration District No. 5459File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mrs Emma Crawford  
(a) Residence, No. Tindal, Mo 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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr Tom Crawford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12, 1885</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Speckard, Mo.13. NAME William Newton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Speckard, Mo.15. MAIDEN NAME Bosley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mr Tom Crawford  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL.  
PLACE Salon Cemetery, Tindal DATE July 23, 193619. UNDERTAKER Hemley Funeral Home  
(ADDRESS) Trenton, Mo.20. FILED 7-22-36 Shamus D. Fair  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 193622. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to July 21, 1936  
I last saw him alive on July 21, 1936. Death is said to have occurred on the date stated above, at 8:15 P. m.The principal cause of death and related causes of importance were as follows:  
Date of onsetEmpyema of Gallbladder 5-1-36Other contributory causes of importance: NoneName of operation Gall bladder drainage Date of July 5, 1936What test confirmed diagnosis Clinical Was there an autopsy? No23. 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) O. B. Parks, M. D.  
(Address) Trenton, Mo.

