

JUN 23 1937

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

Do not use this space.

20589

1. PLACE OF DEATH
 59 County Linn Registration District No. 508
 Township Chillicothe Primary Registration District No. 3026
 City Chillicothe (No. 2) St. 1 Ward 1

2. FULL NAME Corilla M. Crawford
 (a) Residence, No. Locust - 1st St. 2 Ward 1
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24 1858

7. AGE YEARS 78 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Knox Co. Mo.

13. NAME Charles Payne

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

15. MAIDEN NAME Sarah Funk

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

17. INFORMANT (ADDRESS) Mrs. Mary Englehardt Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wray Colo. DATE May 19 1937

19. UNDERTAKER (ADDRESS) James D. Gordon Chillicothe, Mo.

20. FILED May 18 1937 Donald H. Powell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1937, to May 15, 1937. I last saw her alive on May 15, 1937. Death is said to have occurred on the date stated above, at 11:10 P.M. The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage May 15 1937

Other contributory causes of importance:
Fractured femur Apr 5 37

Name of operation _____ Date of _____

What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Death Date of injury Apr 5 1937 Where did injury occur? Chillicothe Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall (Contributory)
 Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) James D. Gordon, M. D. (Address) Chillicothe 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.

