

JAN 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia (No. 1)

File No. 44685

Registered No. 274 St. _____ Ward _____

2. FULL NAME Matthe V Crawford

(a) Residence, No. 605 N. 5th St. 1 Ward.

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

3. SEX J. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 10 20

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

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) Missouri

13. NAME George Simpson

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

15. MAIDEN NAME Simpson

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

17. INFORMANT Jasper R Crawford (ADDRESS) Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo DATE 12-18-37

19. UNDERTAKER Parsons & Co (ADDRESS) Columbia, Mo

20. FILED 12/17/1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-8-37 1937, to 12-16- 1937

I last saw her alive on 12-16- 1937 Death is said to have occurred on the date stated above, at 11:30 m.

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

Cerebral Septicemia following birth of child, dead in blood the five days

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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? _____

If so, specify _____

(Signed) J. B. Williams M. D.

(Address) Columbia, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

