

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

Do not use this space.

3708

File No. 24
 Registered No. 668
 St. _____ Ward)

1. PLACE OF DEATH

County Pettus Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Bedalia (No. Bothwell Wash)

2. FULL NAME

(a) Residence, No. 1604 S. Ky 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 m 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 Alice W Crawford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 - 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 11 16
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Pettus Co Missouri

MOTHER FATHER 13. NAME John E Crawford

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

15. MAIDEN NAME Sailela Donnohue

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

17. INFORMANT (ADDRESS) John E Crawford Bedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Jan 17 - 1938

19. UNDERTAKER (ADDRESS) McLaughlin Bros Bedalia

20. FILED Jan 17 1938 Jean Slack Registrar. 604

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1938, to 1-16, 1938

I last saw him alive on 1/16, 1938. Death is said to have occurred on the date stated above, at 12:1 m.

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

Shock from auto accident Date of onset 1/15
Internal injuries
 Other contributory causes of importance: 210
221

Name of operation none 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? accident Date of injury 1/15/38
 Where did injury occur? on public street
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place
 Manner of injury struck by car
 Nature of injury on crown of head

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) D. D. Dyer M. D.
 (Address) Bedalia, Mo

Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH