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

REC'D MAR

Do not use this space.

6470

1. PLACE OF DEATH

County Clay — Registration District No. 148 — File No. 25

Township Fishing River — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo (No. Veterans Administration Facility St. 3d Ward)

2. FULL NAME CRAWFORD, Robert P. 616

(a) Residence, No. Vets. Adm. Facility St., 3d Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Mary Elizabeth Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	5	0	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murray, Kentucky

FATHER

13. NAME John Crawford (deceased)

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

MOTHER

15. MAIDEN NAME Sarah Littleton (deceased)

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Excelsior Springs, Mo. DATE 2-17-38, 19

19. UNDERTAKER (ADDRESS) Prichard's Funeral Home, Excelsior Springs, Missouri

20. FILED Feb. 21, 1938 Lorna Mc Crarie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937, 19, to Feb. 17, 1938, 19

I last saw him alive on Feb. 17, 1938, 19. Death is said to have occurred on the date stated above, at 10:05 m. P. M.

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

	Date of onset
Tuberculosis, pulmonary, chronic, active, advanced, severe	
23	
Other contributory causes of importance: Tuberculosis of intestines	
	--

Name of operation none Date of --

What test confirmed diagnosis? -- Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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?

If so, specify --

(Signed) E. K. Moore, M. D.
E. K. MOORE, MD, Clinical Director
(Address) Veterans Administration Facility
Excelsior Springs, Missouri.

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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.