

REC'D APR 17 1939

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

9512
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Frank Primary Registration District No. 1007
(c) City Keokuk (d) Street No. 1900 Gen Sproct Registered No. 1118 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry H. Crawford
(a) Residence, No. 170 E 34 St St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 11 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as 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) Del.
13. NAME Wm Crawford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
15. MAIDEN NAME Agnes Stevenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
17. INFORMANT Richard Clark
(ADDRESS) 1900 Gen Sproct
18. BURIAL, CREMATION, OR REMOVAL Keokuk Int. - 3-11-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. G. Brown
20. FILED Mar 13 1939 M. G. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-39
22. I HEREBY CERTIFY, That I attended deceased from 3-4-39, 1939, to 3-9-39, 1939.
I last saw him alive on 3-9-39, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:
Myocardial Stenosis Date of onset
92 W
Other contributory causes of importance:
Terminal Bronche
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes
23. 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?
If so, specify
(Signed) P. J. De Maria M. D.
(Address) 1900 Gen Sproct

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.