

JAN 16 1940

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

44012  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township Marion Primary Registration District No. 3079 Registered No. 325  
 (c) City Nashville (d) Street No. 209 Dowling 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 Emma Eugenia Crawford

(a) Residence, No. 209 Dowling St. St.  (Usual place of abode, if no street address, write county or city)  
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Crawford  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 1 14  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 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) Nashville, Tenn.

FATHER 13. NAME Samuel Fite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn.

17. INFORMANT (ADDRESS) Mrs. R. E. Long

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson Cem. DATE Dec 1, 1939

19. FUNERAL DIRECTOR (ADDRESS) William Stephens

20. FILED Dec 1, 1939 W. E. Gisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Nov 28, 1939  
 I last saw h. a. alive on Nov 28, 1939 Death is said to have occurred on the date stated above, at 10:25 a.m.  
 The principal cause of death and related causes of importance were as follows:

Tremors with Convulsions

Other contributory causes of importance: 121

Chronic Myocarditis  
Chronic Glomerular Nephritis

Name of operation None Date of.....  
 What test confirmed diagnosis? Chemical Was there an autopsy?.....

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? No  
 If so, specify.....  
 (Signed) W. E. Gisher, M. D.  
 (Address) Nashville, Tenn.

MARGIN RESERVED FOR BINDING

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

V. S. No. 2. 50M-7-20-37 I X12004

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, William Sephus, Licensed Embalmer No. 3420

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William Sephus

L. E.

No. 3420 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed William Sephus

Licensed Embalmer No. 3420

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.)