

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

Do not use this space.

37117

**1. PLACE OF DEATH**

County Ray Registration District No. 743  
Township Fishing river Primary Registration District No. 6237  
City..... (No.....)..... St..... (Ward)

File No.....  
Registered No. 30  
.....St..... (Ward)

**2. FULL NAME** Henry Thomas Crawford

(a) Residence No..... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
8 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ray, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER George Crawford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Mildred Townner  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cowgill, Mo

14. INFORMANT John Townner  
(Address) 28 E. Union Springs, Mo.

15. FILED 11-8-30 L. G. Ellis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/2 1930

17. I HEREBY CERTIFY, That I attended deceased from 11/1 1930, to 11/2 1930, that I last saw him alive on Nov 1 1930, and that death occurred, on the date stated above, at 9 9 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

13 158  
Cholera infantum  
(duration) yrs. mos. da.  
CONTRIBUTORY Mal nutrition  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Mo  
(NOT THE PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam & Culture  
(Signed) Chace M.D.

11/3 1930 (Address) Ex Spring Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem DATE OF BURIAL Nov 3 - 1930

20. UNDERTAKER Herbert Rupp ADDRESS Ex Union Springs, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 2 1930

