

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray  
Township West  
City Rayville (No. .... St. .... Ward)

Registration District No. 744  
Primary Registration District No. 5976B

File No. 38606

Registered No. 89

2. FULL NAME Infant Daughter of Forrest Crawley

(a) Residence, No. .... St. .... Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX A 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 - 1937

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

22. HEREBY CERTIFY, That I attended deceased from Oct 31 1937 to Nov 1 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 31 - 1937

I last saw him alive on April 27 1937 Death is said to have occurred on the date stated above, at 10 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, U.S. hrs. or min.

The principal cause of death and related causes of importance were as follows:  
Hydramnios  
(Improper Development)  
Malformation

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) Rayville (STATE OR COUNTRY) Mo

Name of operation  
What test confirmed diagnosis? Was there an autopsy?  
512  
Malformation

13. NAME Forrest Crawley

Name of operation  
Date of  
What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Mo

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19...

15. MAIDEN NAME Opel Bowen

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury  
Nature of injury

17. INFORMANT Forrest Crawley (ADDRESS) Rayville Mo

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) W. B. Ray, M. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crawley Cemetery Nov 2 1937

19. UNDERTAKER W. B. Ray (ADDRESS) Rayville Mo

20. FILED 11/10 1937 Wm. B. McDonald Registrar.

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

