

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

Do not use this space.

33806  
4258

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Kan

Primary Registration District No. 1002

City N. C. Mo.

(No. 1223 - Prospect, Ave St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Alexander Hamilton Crawford

(a) Residence No. 1223 - Prospect 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**

**3. SEX**

M.

**4. COLOR OR RACE**

Wh.

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

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

Adah Bell

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

May-27, 1855

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

74

4

23

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Railroad Man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Canada

**10. NAME OF FATHER**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT

Adah B. Crawford

(Address)

223 Prospect, ave

**15.**

FILED

10/15/29

M. M. Crowe

asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct-15-1929

**17. I HEREBY CERTIFY, That I attended deceased from** Oct 12, 1929 to Oct 15, 1929 that I last saw him alive on Oct 15, 1929 and that death occurred, on the date stated above, at 7:30 AM m.

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

Carcinoma of prostate gland.

**SIC** (duration) yrs. 6 mos. ds.

**CONTRIBUTORY (SECONDARY)** (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

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

**WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** Physical Exam

(Signed) M. S. Cahill M. D.

10/15, 19 29 (Address) 1207 1/2 St. N. C. 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**

**DATE OF BURIAL**

Mr. Moriah

11-17-29

**20. UNDERTAKER**

**ADDRESS**

Mrs. C. L. Foster

N. C. Mo.

263  
3  
31