

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County MuhlenbergVol. Pat. North Central City

Inc. Town

City Central City (No. St. Ward)FULL NAME Cosine CrawfordFile No. 31809Registered No. 58

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>female</u>	4 COLOR OR RACE <u>Black</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
6 DATE OF BIRTH <u>September 2, 1912</u> (Month) (Day) (Year)		
7 AGE <u>3 yrs. 3 mos. 5 ds.</u>		If LESS than 1 day hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Barber</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

PARENTS

10 NAME OF FATHER <u>Horace Crawford</u>
11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>
12 MAIDEN NAME OF MOTHER <u>Luella Ford</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co. Ky</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cora Mason
(Address) Central City Ky15 Filed Dec 8, 1912 at Central City
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 7, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 0 191... to 6 191... that I last saw him did not see him alive at all alive on 1912 and that death occurred, on the date stated above, at 12:25 p.m.

The CAUSE OF DEATH* was as follows:

Found dead in bed.
Heart became enlarged from
undeveloped heart valve
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) L. M. Ferguson, M. D.
Dec 7, 1912 (Address) Central City Ky

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

(15) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS