

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

PLACE OF DEATH  
County Jackson  
Township Kaw  
Village Kansas City, Mo  
City Kansas City, Mo  
Registration District No. 339  
Primary Registration District No. 1002  
File No. 23916  
Registered No. 2781  
St. 1 Ward  
FULL NAME Wm. A. Crane & Crain  
[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE m SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF BIRTH UNKNOWN.  
(Month) (Day) (Year)

AGE 32 yrs. UNKNOWN. mos. ds. IF LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) Ireland

NAME OF FATHER James Crain

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland.

MAIDEN NAME OF MOTHER Waggie Metzger

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John Crain  
(ADDRESS) 2637 Paul Ave

Filed AUG 19 1910 Geo. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_,  
and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
The CAUSE OF DEATH\* was as follows:  
Suicide (Carbolic acid)

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Harry Garbunak M. D.  
8/18/1910 (Address) Combedy St.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL St. Mary DATE OF BURIAL Aug 20 1910

UNDERTAKER Geo. Stevens ADDRESS 1212 1/2 9th St.

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

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.

PARENTS  
can be off  
6-2-10  
H.C. Stettin

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



State of Mo.  
County of Jackson SS.

State File No. \_\_\_\_\_  
Local Registrar's No. 2781

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24<sup>th</sup> day of May, 1948, before me appears \_\_\_\_\_

Theresa H. Reedy, who, upon her oath, states that the original record of <sup>birth</sup> death for William T. Crane died August 18, 1910, in the State of Missouri, and which was filed at Kansas City on Aug. 19, 1910, should be corrected as follows:

Full name should read William S. Crain

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_ should read William T. Crane

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_ should read James Crain

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_ should read James Crain

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_ should read John Crain

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_ should read John Crain

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_ should read \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_ should read \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_ should read \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

The above is true to the best of my knowledge, information and belief  
(SEAL) Affiant Theresa H. Reedy wife  
Relationship 4429 Euclid ave.  
Present Address.

Subscribed and sworn to before me this 24<sup>th</sup> day of May, 1948

My Commission expires Oct. 21, 1951 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

