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

Do not use this space.

26558

File No. 60

Registered No.

1. PLACE OF DEATH

County: Buchanan. Registration District No. 86

Township: Washington Primary Registration District No. 5127

City: (No. County Infirmary. St. Ward)

2. FULL NAME Marshall J. Crandall

(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 31 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1863.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	6	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Iowa.

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Berne Crandall
(Address) Webb City Mo.

15. Filed Aug 30 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1928, to Aug 27, 1928 that I last saw him alive on Aug 27, 1928, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage sudden death

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Don't know
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. E. Dolley, M. D.
Aug. 30 1928 (Address) 822 Edmond St.

*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 Ashland Cemetery — DATE OF BURIAL Aug. 30 1928

20. UNDERTAKER H. O. Sidenfaden. — ADDRESS 1802 Union St.

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.

SEP 24 1928