

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

Do not use this space.

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274 222

**1. PLACE OF DEATH**

County Boone Registration District No. 73  
Township Columbia Primary Registration District No. 3006  
City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

**2. FULL NAME** CLAUD CRANE

(a) Residence. No. Easley P.O. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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**

**2 MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4<sup>th</sup> 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1929, to Sept 4, 1929 that I last saw him alive on Sept 3, 1929, and that death occurred, on the date stated above, at 12:10 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29<sup>th</sup> 1929

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

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

Purpura simplex.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Baby (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

9 ds.

9. BIRTHPLACE (CITY OR TOWN) Easley Mo (STATE OR COUNTRY)

CONTRIBUTORY (SECONDARY) anaemia (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10. NAME OF FATHER Leslie Crane

18. WHERE WAS DISEASE CONTRACTED at home

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Opal Mc Coy

WAS THERE AN AUTOPSY? NO

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

WHAT TEST CONFIRMED DIAGNOSIS Purpura simplex (Signed) E. O. Keefe, M. D.

14. INFORMANT Opal Crane (Address) Easley Mo.

8/4, 1929 (Address) Columbia Mo

15. FILED 9/5 1929 Beatrice Gumbel REGISTRAR R.C.S.

\*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 Nashvicoe Cemetery DATE OF BURIAL Sept 4 1929

20. UNDERTAKER R.W. Willett ADDRESS Columbia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE NECESSARY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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