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

Do not use this space.

34330

1. PLACE OF DEATH

County Linn — Registration District No. 496 — File No.

Township Brookfield — Primary Registration District No. 5660 — Registered No. 80

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Emily C. Crandall

(a) Residence. No. 3 Mile of Bkfld 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. 4 1/2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jany 10-1853

7. AGE YEARS 76 MONTHS 8 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) N. E. of Buckline
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Geo Tooley

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

12. MAIDEN NAME OF MOTHER Eliza A Ford

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

14. INFORMANT Mrs Luther Rice
(Address) Rothville Mo

15. FILED 10-7, 1929 Bessie M. Fore
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1929, to Oct 6, 1929 that I last saw her alive on Oct 5, 1929, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Uteri (Fundus)

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Unknown - (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chr Myocarditis -

Unknown (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? Clinical Signs

(Signed) J Lane Evans, M. D

Oct 7, 1929 (Address) Brookfield 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 Rose Hill

DATE OF BURIAL 10/7 1929

20. UNDERTAKER Hunter & Rollins

ADDRESS Brookfield Mo

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.