

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

Do not use this space.

25596

File No. 32
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 830
Township Saint Robert Primary Registration District No. 0041
City Shelbina (No. _____) St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 11 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Adams County
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER David Crandal

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Adams County
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Susie Hunsaker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adams County
(STATE OR COUNTRY) Ill.

14. INFORMANT Ella Crandal
(Address) Shelbina Mo 1

15. FILED Sept 30 1930 Madge Looch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1930 to July 10, 1930
that I last saw him alive on July 10, 1930, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heat Exhaustion

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF 30th

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Thompson, M. D.

, 19 30 (Address) Shelbina 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 IOOF Cem DATE OF BURIAL July 15 1930

20. UNDERTAKER Hoyes Shelbina, ADDRESS

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.

RECORD THIS IS A PERMANENT RECORD

