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

Do not use this space.

40156

1. PLACE OF DEATH
County Monroe — Registration District No. 581 — File No.
Township Monroe — Primary Registration District No. 4343 — Registered No.
City Monroe City (No. , St. Ward)

JAN 20 1931

2. FULL NAME Sophia Alice Cranston
(a) Residence. No. (Usual place of abode) First St., 2 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9th 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	1	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marion Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Jacob Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Eliza McClara
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs W. H. Watson
(Address) Monroe City Mo

15. FILED 12/31, 1930 O.W. Wilson REGISTRAR
Deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1930, to Dec 30 1930 that I last saw h. alive on Dec 30, 1930 and that death occurred, on the date stated above, at 8.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
implant (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 2 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) [illegible] M.D.
12-31, 1930 (Address) Monroe City 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	DATE OF BURIAL
St Judes Cemetary Monroe City Mo.	Jan 1st 1931
20. UNDERTAKER Wilson & Son	ADDRESS Monroe City 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.