

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

Do not use this space.

8924

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. 1419 Ashland Ave.) St. _____ Ward _____

File No. _____
 Registered No. 354

2. FULL NAME Anna Crane
 (a) Residence. No. 1419 Ashland Ave. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 William M. Crane
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 17, 1869
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
61 5 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Abraham Tourbier
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Berlin, Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Louise Wendorf
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown Germany
 (STATE OR COUNTRY)

14. INFORMANT Wm. M. Crane
 (Address) 1419 Ashland Ave.

15. FILED _____ 19 _____
APR 1 1931
John R. Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 30, 1931.
 17. I HEREBY CERTIFY, That I attended deceased from Sept 13 19____ to Mar 30 19____
 that I last saw her alive on Mar 17 19____, and that death occurred, on the date stated above, at 2.50 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of right breast
5 1/2
5 1/2

(duration) 1 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Diabetes, mellitus
 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St Joseph Mo
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 22/1930
Breast removed
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic
 (Signed) J. Thompson, M. D.
3/21/1931 (Address) 9th & Charles 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 Mt. Auburn Cemetery
 DATE OF BURIAL Apr, 1, 19 31

20. UNDERTAKER Walter Meierhoff
 ADDRESS 1302 Faraon 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.

APR 21 1931

