

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

Do not use this space.

13157

1. PLACE OF DEATH

County Bollinger
Township Scapato
City (No.)

Registration District No. 67
Primary Registration District No. 5-106

File No. 7
Registered No. 7
St. Ward

2. FULL NAME

(a) Residence, No. Joseph T. Crane 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. 1

13. NAME William Crane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Mary Fulbright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. 1

17. INFORMANT Mrs. Balash Daugherty (ADDRESS) Scapato

18. BURIAL, CREMATION, OR REMOVAL PLACE Bollinger Cemetery DATE 4-12-1931

19. UNDERTAKER Crump & Miller (ADDRESS) Scapato

20. FILED 4-12-1931 R. R. Sanders

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930 to Apr 10, 1930
I last saw him alive on Apr 8, 1931 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance:
23 1

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Crates, M. D.

(Address) Sedgewickville Mo

6280

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