

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

Do not use this space.

22797

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **ST. LOUIS Mo.** (No. **Mo.** **Rep.** **San.**)

File No.
Registered No. **6219**
St. Ward)

2. FULL NAME BETTY LOUISE CRAIN.

(a) Residence. No. St., **17** Ward, **Meadville Mo.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **2** 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 Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **1/8/126**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 4 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) **Meadville**
(STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **George L. Crain,**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ely**
(STATE OR COUNTRY) **Mo.**

12. MAIDEN NAME OF MOTHER **Mary C. Hanger**

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

14. INFORMANT **Barbra**
(Address) **Meadville Mo.**

15. **3 1931** **Max C. Starker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6/2/131** 19

17. I HEREBY CERTIFY, That I attended deceased from **June 1st**, 19**31**, to **June 2**, 19**31**
I had last saw her alive on **June 1st**, 19**31**, and that death occurred, on the date stated above, at **10:05 A.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral myelitis right
154 (duration) yrs. mos. **5** ds.

CONTRIBUTORY (SECONDARY) **154** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH **4622 Evans Cor**

0 DID AN OPERATION PRECEDE DEATH **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Tran**
(Signed) **D. C. Board** M. D.

6/2/1931 (Address) **University Club Bldg**

*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
Meadville Mo. **6/2/131** 19

20. UNDERTAKER ADDRESS
McKenna & Sons **6175 Delmar**

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.

