

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

Do not use this space.

29067

**1. PLACE OF DEATH**

County Putnam Registration District No. 670  
 Township Bowling Green Primary Registration District No. 1893  
 City Beaman (No. Beaman R 7 N 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 225

**2. FULL NAME**

(a) Residence, No. Beaman R 7 N 2 St. Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 22 mos. 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 - 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Beaman mo

13. NAME William Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Margaret Beaman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT James Crawford  
 (ADDRESS) Beaman mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE See DATE 8/3 1931

19. UNDERTAKER Illiespie  
 (ADDRESS) Sideling mo

20. FILED 8-3 1931 J. Love  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Aug 2, 1931  
 I last saw him alive on July 27, 1931. Death is said to have occurred on the date stated above at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1928  
131 Intestinal  
924  
 Other contributory causes of importance:  
Chronic Valvular Heart 7/1-31

Name of operation no 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 \_\_\_\_\_

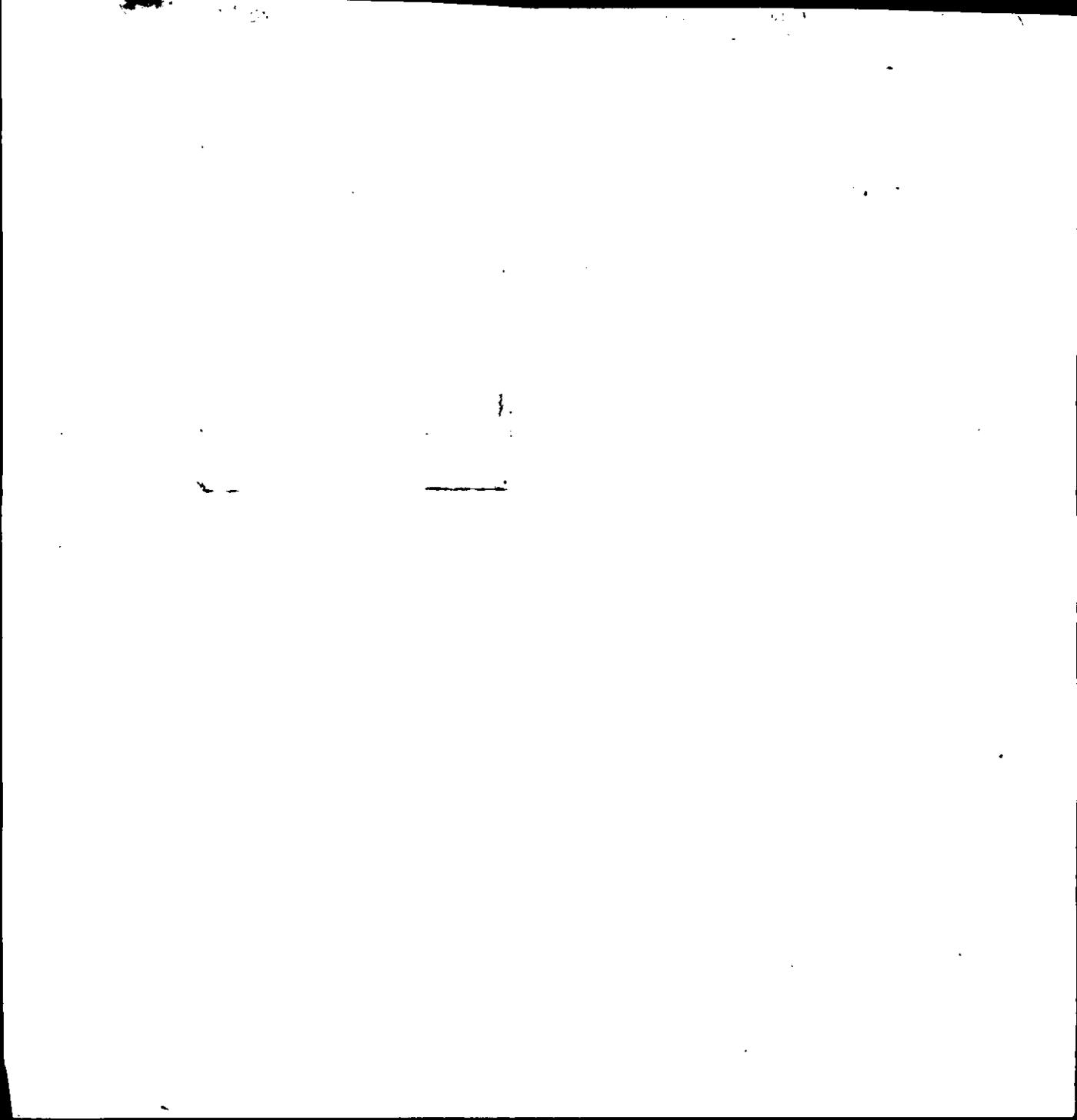
Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) W. H. Logg, M. D.

(Address) Illiespie



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jettis Registration District No. 670 File No. \_\_\_\_\_  
 Township Bowling Green Primary Registration District No. 5893 Registered No. 225-  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. Name John J. Cranfield St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Beaman R.F.D. 6 (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 83 yrs. mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 - 22

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) Beaman  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER William Cranfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) M. C.  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Martha Beaman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) M. C.  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT (Address) James Cranfield  
Beaman mo

15. FILED Oct 5 1931 Flossie Ferguson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1931

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
Jan 1 1929 to Aug 2 1931  
 that I last saw him alive on July 27 1931, and that death occurred, on the date stated above, at 3 P. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Chronic Nephritis  
Intestinal

CONTRIBUTORY (SECONDARY) Chronic Sclerotic Heart  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Robt L. Fogle M. D.  
 , 19 (Address) Otterville 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 Tree DATE OF BURIAL 8/3 1931

20. UNDERTAKER Gillespie ADDRESS Sedalia mo

REGISTRARS SHALL NOT RE. CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-29867