

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

Do not use this space.

32291

**1. PLACE OF DEATH**

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near Farmington, Mo. (No. ....)

File No. ....

Registered No. 128

St. .... Ward

**2. FULL NAME** Emma Crandell

(a) Residence No. Morley, Mo. 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17, 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931 to Sept 17, 1931

(that I last saw h. or alive on Sept 16, 1931, and that death occurred, on the date stated above, at 1:00 a.m.)

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

Unknown

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pyelitis

130A

162

1303

(duration) yrs. 1 mos. .... ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. .... mos. .... ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1852

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, .... hrs. or .... min.

79

?

?

8. OCCUPATION OF DECEASED

Housewife

(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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Calif. Hanks, M. D.

9/17, 1931 (Address) Farmington 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.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT Hospital Records

(Address) Farmington, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Morley Cemetery

Sept 18<sup>th</sup> 1931

15.

FILED Sept 22 1931 T. J. Robinson REGISTRAR

20. UNDERTAKER

ADDRESS

Edm. Gypston

Morley Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

001 26 1931

