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

Do not use this space.

File No. 19451

Registered No. 22500

1. PLACE OF DEATH

County JACKSON Registration District No. 359

Township KAW Primary Registration District No. 1008

City KANSAS CITY (No. 4044, GARFIELD St. 15 Ward)

2. FULL NAME MRS. MAY Z CRANE

(a) Residence, No. 4044 GARFIELD St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. COLOR OR RACE: WHITE

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF DR. PHILLIP O. CRANE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-19-1851

7. AGE: YEARS 80 | MONTHS 9 | DAYS 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) MASON CITY (STATE OR COUNTRY) ILLINOIS

FATHER

13. NAME HENRY CLEASE

14. BIRTHPLACE (CITY OR TOWN) WILKESBURY (STATE OR COUNTRY) PENNSYLVANIA

MOTHER

15. MAIDEN NAME FRANCES PUGH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA

17. INFORMANT MRS. NELSON V. BARTLETT (ADDRESS) 4044 GARFIELD AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE MASON CITY, ILL. DATE JUNE-7 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED June 6, 1932 M. M. Greene *Registrar.*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1932, to 6-4, 1932

I last saw her alive on 6-4, 1932 Death is said to have occurred on the date stated above, at 11:15 A.m.

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

	Date of onset
Coronary Embolus -	
1948	
1948	
1948	
186	
Other contributory causes of importance:	
Accident 3-30-32 - fractured left wrist and numerous head & body bruises from a fall down a stairway -	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 3/30/32, 19

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

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. B. Bird, M. D.

(Address) 1424 Prof Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1424 Professional Bldg.
1-4: 30