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.

NOV 21 1932

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

Do not use this space.

1. PLACE OF DEATH

10 County Boone — Registration District No. 71 — File No. 31408

Township Cedar — Primary Registration District No. 5110A — Registered No. 19

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Wary Allen Crane

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

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Dolly Jones Crane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1888

7. AGE — YEARS 43 — MONTHS 11 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Boone Co Mo

FATHER

13. NAME D. W. Crane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

MOTHER

15. MAIDEN NAME Roxey Lee Fortney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT (ADDRESS) Elroy Crane Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE 10-19-1932

19. UNDERTAKER (ADDRESS) Parker Fevre Co Mo Hard

20. FILED Oct 19 1932 A. J. Nichols M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1932, to 10-17-, 1932

I last saw him alive on 17 October, 1932. Death is said to have occurred on the date stated above, at 9-30 a.m.

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

	Date of onset
Peritonitis	
1218	
129	

Other contributory causes of importance:

Apendicitis

1 2 1 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) W. C. Heidmann, M. D.

(Address) Columbia, Mo.

NOV 29 1944