

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

Do not use this space.

**34747**

**1. PLACE OF DEATH**

County Boscawen  
Township Cedar  
City                      (No.                     )

Registration District No. 71  
Primary Registration District No. 3110A

File No.                       
Registered No. 23  
St.                      Ward                     

**2. FULL NAME**

Allen C Crane

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Knowlton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 - 1897

7. AGE YEARS 60 MONTHS 0 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. 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) Missouri

FATHER 13. NAME John A Crane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lucy Herr

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

17. INFORMANT (ADDRESS) Mrs. Allen C Crane  
Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville DATE 11-9 19 32

19. UNDERTAKER (ADDRESS) Mr Vandewenter  
Columbia Mo

20. FILED 19                     

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2 19 32

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 33 to Nov 2 19 32

I last saw him alive on Oct 25 19 32 Death is said to have occurred on the date stated above, at 10 a.m.

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

Pulmonary Tuberculosis  
23A  
Other contributory causes of importance:                     

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? No

If so, specify                     

(Signed) H. B. Pryor, M. D.

(Address) Asheville, Mo

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.

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