

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.

JUL 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Joslin
City Joslin

Registration District No. 411
Primary Registration District No. 2002
(No. St. Johns Hosp.)

File No. 20874
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Johns Hospital St. _____ Ward _____(Usual place of abode) Galena Kans.

(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 26, 1915</u>		
7. AGE	YEARS <u>19</u>	MONTHS <u>4</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bell Hop at Hotel</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>8 month</u>	11. Total time (years) spent in this occupation <u>2 yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barthage Mo.13. NAME Harvey Grandall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine, Mo.15. MAIDEN NAME Bessie Wright16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barthage Mo.17. INFORMANT (ADDRESS) Bessie Grandall Galena Kans.18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Crest Cem. DATE June 19, 193419. UNDERTAKER (ADDRESS) Oates m Clark Galena Kans.20. FILED 6-19-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 193422. I HEREBY CERTIFY, that I attended deceased from June 17, 1934 to June 17, 1934
Last saw him alive on June 17, 1934 Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Brain injuries from auto wreck Date of onset _____

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis blueceel Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, outside, or homicide Date of injury 6-17-34Where did injury occur? Galena Kans. (Specify city or town, county, and State)

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

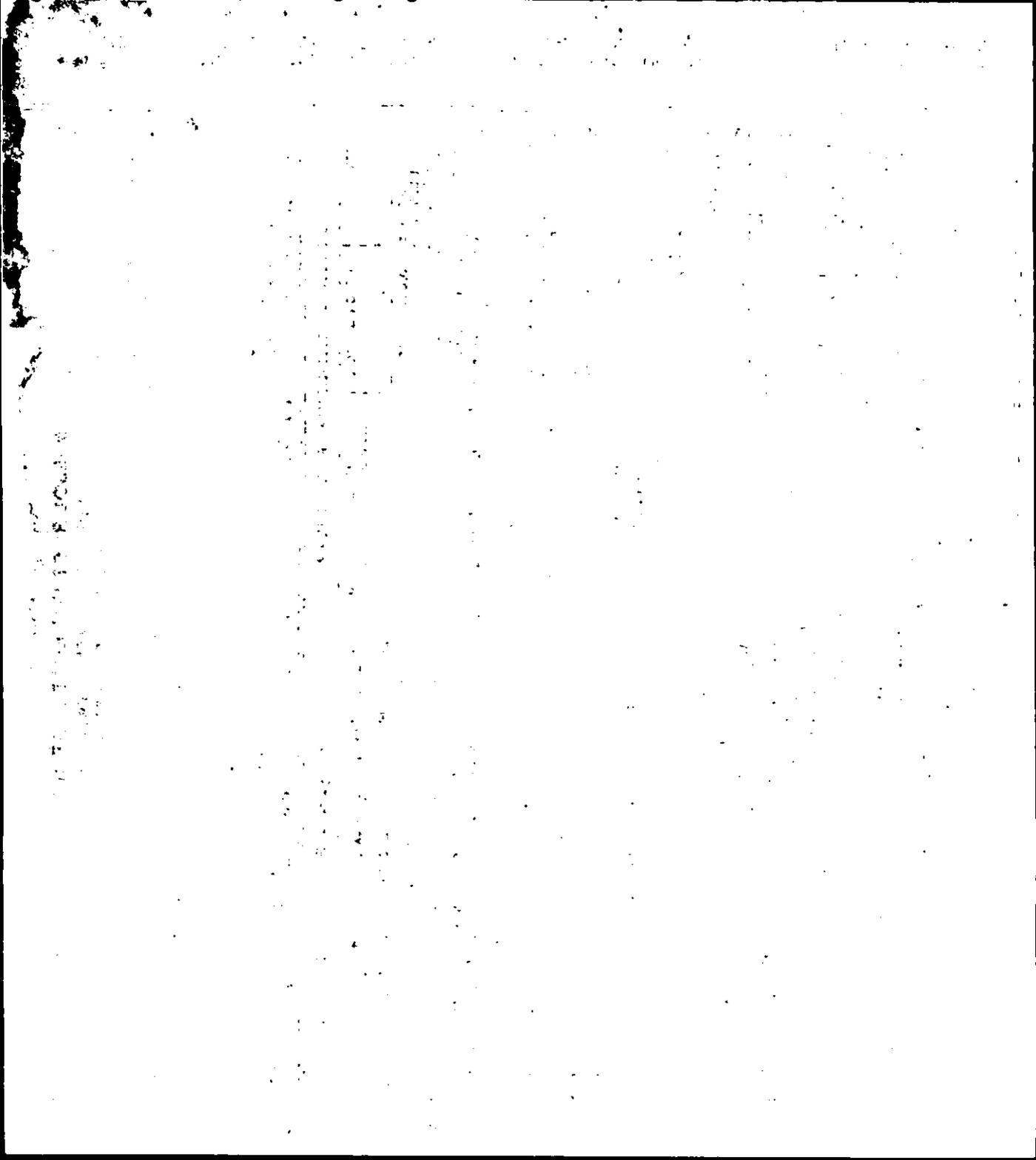
Public roadManner of injury auto wreckNature of injury Brain injuries

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

If so, specify H. Verblew

(Signed) _____, M. D.

(Address) Joslin Mo.



#2
jasper

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Alfred Crandell
Who died at _____ on June 17 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 19 Months 4 Days 22

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Brown in fumes - auto wreck

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6-17, 1934

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

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

Manner of injury Public Highway Automobile wreck - auto turned over

Nature of injury Brain injuries

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

If so, specify _____

Name of physician H. L. Wilbur

Address of physician Galena, Mo.

Signature of Registrar Ed D. James - S.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 411

Primary Reg. Dist. No. 2008

Very truly yours,
E. T. McGaugh M.D.

Special Agent. E.T.C.

FORWARDED TO THE DIRECTOR

SUPPLY UNIT TO BUREAU

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