1935

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

Do not use this space.

(4)

File No. 40049

Registered No. 76

1. PLACE OF DEATH

County Marion Registration District No. 548

Township Primary Registration District No. 4323

City Palmyra (No. , St. Ward)

2. FULL NAME Thomas M. Crane

(a) Residence, No. Palmyra, 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

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 Nancy Crane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1867

7. AGE: Years 67 | Months 1 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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 Miller

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

MOTHER

15. MAIDEN NAME Elizabeth---

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

17. INFORMANT H. F. Crane
(ADDRESS) Taylor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE Nov. 25, 1934

19. UNDERTAKER E. T. Sprague
(ADDRESS) Palmyra, Mo.

20. FILED Nov. 24 1934 Gertrude Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6:45 P. M.

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

Fractured skull received from injuries received when struck by car and knocked to pavement.

Date of onset

Other contributory causes of importance:

Right arm broken above elbow

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury 11/23, 1934

Where did injury occur? Palmyra, Marion Co., Mo.
(Specify city or town, county, and State)

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

Manner of injury Crossing pavement and knock-
Nature of injury down by car.

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

If so, specify

(Signed) Cecil E. Schwartz, Coroner M. D.

(Address) Hannibal, Marion Co., 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.