

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

Do not use this space.

JAN 20 1935

44177

1. PLACE OF DEATH

County St. Clair
Township Butler
City Louisy City, Mo. (No. _____)

Registration District No. 763
Primary Registration District No. 6005

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME Doek Macklin Crayne

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. 4 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 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 Edna Crayne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>0</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Green County
(STATE OR COUNTRY) Illinois

13. NAME George Crayne

14. BIRTHPLACE (CITY OR TOWN) not given
(STATE OR COUNTRY) not know

15. MAIDEN NAME Elyza Niece

16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

17. INFORMANT Ed Crayne
(ADDRESS) 1212 W. 4th St. St. Paul Minn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisy City Cemetery DATE 12/31/1934

19. UNDERTAKER H. C. Austin
(ADDRESS) Louisy City Mo

20. FILED 1/31 1934 Leo J. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/1934

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Dec 22, 1934

I last saw him alive on Dec 22, 1934. Death is said to have occurred on the date stated above, at 1:15 pm.

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

Heart Insufficiency
42.9
ASA

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? _____
If so, specify _____
(Signed) E. J. Stratten, M. D.
(Address) Louisy City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

