

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

Do not use this space.

23732

OCT 17 1935

1. PLACE OF DEATH 85  
 County Buchanan Registration District No. 1001  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph, (No. St. Joseph's Hospital) St.            Ward           

2. FULL NAME Mary Elizabeth Crandall  
 (a) Residence, No. 2824 So. 19th. St. St.            Ward             
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Daniel R. Crandall</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Apr. 15, 1853</b>		
7. AGE	YEARS <b>82</b>	MONTHS <b>4</b>
	DAYS <b>19</b>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home.</b>	
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Barnard, Mo.</b>	
	13. NAME <b>Holton Fannon</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Va.</b>	
MOTHER	15. MAIDEN NAME <b>Nancy L. Harmon</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Va.</b>	
17. INFORMANT <b>Chas. Crandall</b> (ADDRESS) <b>St. Joseph, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Pleasant Grove Cem.</b> DATE <b>Sept. 6, 1935</b>		
19. UNDERTAKER <b>Walter Moeinboffer</b> (ADDRESS) <b>1302 Faraon St. St. Joseph, Mo.</b>		
20. FILED <b>9-6-35</b> <b>John R. Bender, Registrar.</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept, 4, 1935**

22. I HEREBY CERTIFY, That I attended deceased from Sept-3-1935 to Sept-4-1935  
 I last saw h. 6 alive on Sept-4-1935. Death is said to have occurred on the date stated above, at 2:30 m. P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
 Date of onset           

Other contributory causes of importance:  
Arteriosclerosis  
Hypertension

Name of operation            Date of             
 What test confirmed diagnosis?            Was there an autopsy? Yes

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) W. J. Bourden, M. D.  
 (Address) Kirkpatrick Bldg. St. Joseph, 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.

