

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.

*Dr. Birney*

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

Do not use this space.

MAR 23 1936

1. PLACE OF DEATH  
 County Mason Registration District No. 547  
 Township Mason Primary Registration District No. 3079  
 City Hannibal (No. 211 N. Guffith) St. 6 Ward 6

2. FULL NAME Lena Crane  
 (a) Residence, No. 211 N. Guffith St. 6 Ward 6  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

6811

File No. \_\_\_\_\_  
 Registered No. 65

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Crane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 - 0 24

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

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) Adams Co. Mo.

13. NAME John Schade

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

15. MAIDEN NAME Mary Stecher

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

17. INFORMANT (ADDRESS) Rosal E. G. P. P. P. Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE 2/20/36

19. UNDERTAKER (ADDRESS) W. D. Schumacher Hannibal Mo.

20. FILED Feb 21 1936 R. H. Scholtz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18-36 to 2-18-36

I last saw her alive on 2-18-36 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset 2-18-36

Other contributory causes of importance:  
Hypertension - High blood pressure

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) W. P. Birney M. D.  
 (Address) Hannibal Mo

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes recording all sales, purchases, and expenses in a timely and accurate manner.

The second part of the document provides a detailed breakdown of the company's revenue for the period. It shows that total revenue was \$1,250,000, which is a 5% increase over the previous period. This growth is attributed to an increase in sales volume and the introduction of new product lines.

The third part of the document details the company's operating expenses. Total operating expenses were \$850,000, representing a 3% decrease from the previous period. This reduction is primarily due to cost-cutting measures implemented in the manufacturing process and more efficient use of resources.

The fourth part of the document discusses the company's net income for the period. Net income was \$400,000, which is a 10% increase over the previous period. This increase is a result of the combination of higher revenue and lower operating expenses.

The fifth part of the document provides a summary of the company's financial position at the end of the period. Total assets were \$2,500,000, total liabilities were \$1,000,000, and total equity was \$1,500,000. This indicates a strong financial position with a significant amount of equity.

The sixth part of the document discusses the company's cash flow for the period. Cash flow was \$300,000, which is a 15% increase over the previous period. This increase is primarily due to an increase in cash sales and a decrease in accounts payable.

The seventh part of the document provides a summary of the company's key performance indicators (KPIs) for the period. These include gross profit margin, operating margin, and return on equity. All three KPIs show a positive trend, indicating that the company is performing well overall.

The eighth part of the document discusses the company's outlook for the future. Management expects continued growth in sales and a focus on improving operational efficiency. They also plan to invest in research and development to develop new products and services.

The ninth part of the document provides a summary of the company's risk factors. These include changes in market conditions, fluctuations in commodity prices, and potential regulatory changes. Management has implemented various risk management strategies to mitigate these risks.

The tenth part of the document provides a summary of the company's financial ratios. These include the current ratio, debt-to-equity ratio, and return on assets. All ratios are within acceptable ranges, indicating a healthy financial position.

The eleventh part of the document discusses the company's compliance with applicable laws and regulations. Management has implemented robust internal controls and policies to ensure compliance with all relevant laws and regulations.

The twelfth part of the document provides a summary of the company's environmental, social, and governance (ESG) performance. Management is committed to sustainable business practices and has implemented various initiatives to reduce the company's carbon footprint and improve its social and governance performance.

The thirteenth part of the document provides a summary of the company's human resources performance. Management has implemented various initiatives to attract, develop, and retain top talent. These include offering competitive compensation and benefits, providing training and development opportunities, and fostering a positive work environment.

The fourteenth part of the document provides a summary of the company's customer satisfaction performance. Management has implemented various initiatives to improve customer satisfaction, including offering excellent customer service, providing high-quality products, and listening to customer feedback.

The fifteenth part of the document provides a summary of the company's overall performance for the period. Management is pleased with the company's performance and believes that the company is well-positioned for continued success in the future.

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

Do not use this space.

**1. PLACE OF BIRTH**

County Marion

Registration District No. 547

Township

Primary Registration District No. 3029

City Hannibal

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Lena Crane

(a) Residence, No. \_\_\_\_\_

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ yrs. or \_\_\_\_\_ min.

64

-

24

OCCUPATION

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

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_

DATE \_\_\_\_\_

19.

19. UNDERTAKER (ADDRESS)

20. FILED 4/9/36, 1936

E. M. Rucke

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1936

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

I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

Nephritis - High blood pressure  
Nephritis Chronic

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_, 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) W. P. Burney

M. D.

(Address) Hannibal

mo

Re Katherine Lane

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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