JUN 23 1936

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

Do not use this space.

20033

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3024 — Registered No. 142
City Hannibal (No. 2017 Gordon St. 6 Ward)

2. FULL NAME Nelson Lee Crain (CRAIN)
(a) Residence, No. 2017 Gordon St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 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: Mary Hanger Crain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 24-1865
7. AGE: YEARS 71 — MONTHS 2 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Louisville Kentucky

FATHER
13. NAME: Isiah Crain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky

MOTHER
15. MAIDEN NAME: Sarah Belle Myers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky

17. INFORMANT (ADDRESS): Flora Kook Hannibal Mo.
18. BURIAL, CREMATION, OR REMOVAL: Marion Co.
PLACE Little Union Cem. DATE May 7 - 1936
19. UNDERTAKER (ADDRESS): Roy R. Schmidt Hannibal Mo.
20. FILED May 8 1936 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 5 - 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to May 5, 1936
I last saw him alive on May 5, 1936. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

Uremia - Nephritis — Date of onset Apr 1 1936

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Other contributory causes of importance:
Cardio Vascular renal disease
Asthma (Bronchial)

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) Glenn R. Miller D.O. M. D.
(Address) Hannibal, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-3-29-35