

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.

JUL 20 1936

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

Do not use this space.

26188

1. PLACE OF DEATH

County Boonville
Township Richland
City Louis (No. 304)

Registration District No. 304
Primary Registration District No. 542

File No. 23
Registered No. 23 St. Ward

2. FULL NAME

Louis Cranner

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Annie E. Cranner</u> (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28 - 1865</u>		
7. AGE YEARS <u>70</u> MONTHS <u>10</u> DAYS <u>6</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 1928</u>	
11. Total time (years) spent in this occupation <u>48</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredricksburg Va</u>		
FATHER	13. NAME <u>Earnest Cranner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Martha Cranner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>	
17. INFORMANT <u>Daniel E. Cranner</u> (ADDRESS) <u> </u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Good Hope</u> DATE <u>7-6-36</u>		
19. UNDERTAKER <u>Arnold Thompson</u> (ADDRESS) <u>Morrison Mo</u>		
20. FILED <u>7-7</u> 19 <u>36</u> <u>F. R. Tucker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7/4</u> , 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>7/2</u> , 19 <u>36</u> , to <u>7/4</u> , 19 <u>36</u> I last saw him alive on <u>7/4</u> , 19 <u>36</u> . Death is said to have occurred on the date stated above, at <u>6 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Apoplexy</u> <u>87</u> <u>87</u> Other contributory causes of importance: <u>Hyper-tension</u> <u>Arteriosclerosis</u>
Name of operation <u>none</u> Date of <u> </u>
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u> </u>
Manner of injury <u> </u>
Nature of injury <u> </u>
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u> (Signed) <u>Edward Workman</u> , M. D. (Address) <u>Pershing mo</u>

