

AUG 10 1936

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

Do not use this space.

29369  
29333

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 1123

Township

Primary Registration District No. 6248 BCity Jefferson Barracks, Mo.Veterans Hosp

File No.

Registered No. 271

St.

Ward)

2. FULL NAME Thomas CRAIN

(a) Residence, No.

St.

Ward.

Crystal City, Mo.

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

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

single

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, ..... hrs. or ..... min.

4833

OCCUPATION

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

Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Mercantile

10. Date deceased last worked at this occupation (month and year)

6 months ago

11. Total time (years) spent in this occupation

30 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Crystal City Missouri

FATHER

13. NAME

William Crain

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

Iron Mountain Missouri

MOTHER

15. MAIDEN NAME

Victoria Bequette

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

Richwoods Missouri

17. INFORMANT (ADDRESS)

Miss Selway Acting Clinical Clerk

18. BURIAL, CREMATION, OR REMOVAL

PLACE Festus, Mo.DATE July 16, 1936

19. UNDERTAKER (ADDRESS)

Albert H. Gapp (unc) 429 N. Euclid Ave.20. FILED July 13, 1936G. Mowry Registrar

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

July 13, 193622. I HEREBY CERTIFY, That I attended deceased from July 8, 1936 to July 13, 1936I last saw him alive on July 13, 1936. Death is saidto have occurred on the date stated above, at 5:00 a.m.

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

Acute Alcoholic Polio-encephalitis

Date of onset

unknown

Other contributory causes of importance:

Streptococcal Infection of ThroatunknownName of operation None Date ofany exam. or clinical manifestations What test confirmed diagnosis? Laboratory Was there an autopsy? NO

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)

C. W. HUGHES, Chief Medical Officer M. D.  
Jefferson Barracks, Missouri. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is necessary.

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

Do not use this space.

**1. PLACE OF DEATH**

County St Louis

Registration District No. 1123

File No. ....

Township

Primary Registration District No. 248B

Registered No. 271

City Jefferson Bks (No. ....) St. .... Ward)

**2. FULL NAME** Thomas Crain

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 10 - 1888

| 7. AGE | YEARS     | MONTHS   | DAYS     | If LESS than 1 day | hrs. | or | min. |
|--------|-----------|----------|----------|--------------------|------|----|------|
|        | <u>48</u> | <u>3</u> | <u>3</u> |                    |      |    |      |

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ..... DATE ..... 19

19. UNDERTAKER (ADDRESS)

20. FILED June 13 1936 L. Mowry Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
Last saw him ..... alive on ..... 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:

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) O. W. Hughes ..... M. D.  
(Address) Jefferson Bks

SURVEILLANCE

S-29369

CRABAPPLE