

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.

SEP 29 1936

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

Do not use this space.

31993

## 1. PLACE OF DEATH

County PolkRegistration District No. 700Township UnionPrimary Registration District No. 6249City Aldrich (No. \_\_\_\_\_)

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

Ward \_\_\_\_\_

2. FULL NAME Orlena 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

Female

4. COLOR OR RACE

White

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

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

John Crain

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

Jan 31 1841

7. AGE

YEARS

MONTHS

DAYS

If 18 or less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

95617

OCCUPATION

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

housewife

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)

Polk Co Mo

13. NAME

Chas. Crain

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

Genoa

15. MAIDEN NAME

Mary Wright

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

Genoa

17. INFORMANT (ADDRESS)

Dannie J Crain Aldrich Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE

Pleasant Ridge Aug 18 1936

19. UNDERTAKER (ADDRESS)

Hitchcock & Sons Polina Mo

20. FILED

Aug 29 1936 Vera Miller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 193622. I HEREBY CERTIFY, That I attended deceased from Aug - 1 - 1936 to Aug - 17 - 1936I last saw him alive on June 6 - 1936 Death is saidto have occurred on the date stated above, at 12:30 p.m.

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

Chronic Cephitis

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) W. S. Myers, M. D.(Address) Aldrich, Mo.

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