

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

Do not use this space.

**FEB 23 1937**

**1. PLACE OF DEATH**

County Stone

Township Crane

City Crane (No. 2)

Registration District No. 842

Primary Registration District No. 6104

File No. 4634

Registered No. 4513

St. Crane

Ward 1

**2. FULL NAME**

(a) Residence, No. Crane

(Usual place of abode)

St. Crane Ward. 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 4

mos. 15

ds. 1

How long in U. S., if of foreign birth?

yrs. 1

mos. 1

ds. 1

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

F

4. COLOR OR RACE

W

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

S

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

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

Feb 2 1914

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

12

11

22

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)

Stone Iowa

FATHER

13. NAME

Roy E Beeks

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

Iowa

MOTHER

15. MAIDEN NAME

Sylvia Hatch

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

Iowa

17. INFORMANT (ADDRESS)

Roy E Beeks Crane Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wayne Neb

DATE

1

19.

19. UNDERTAKER (ADDRESS)

Wesley Monahan Crane Mo

20. FILED

1-26

1937

Mrs Ethel Duggitt

Register

**MEDICAL CERTIFICATE OF DEATH**

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

1-24 1937

22. I HEREBY CERTIFY That I attended deceased from

saw her just before death 1-24-1937

I last saw her alive on 1-24-1937 Death is said

to have occurred on the date stated above, at 10:45 P.

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

Diphtheria Laryngeal

Date of onset

1-23-37

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Micro

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? No

If so, specify

(Signed)

H. L. Kerr

M. D.

(Address)

Crane Mo

[The body of the document contains extremely faint, illegible text, likely bleed-through from the reverse side of the page. No specific content can be transcribed.]

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

Do not use this space.

**1. PLACE OF DATA**

County Stone  
Township Crane  
City Crane (No. \_\_\_\_\_)

Registration District No. 842  
Primary Registration District No. 4512

File No. 4634  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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, \_\_\_\_\_ min.  
12 11 22

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 Wayne, Neb DATE 11/27 1937

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 1126 1937 Nov. 27 Crane  
Registered

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24 1937

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

I last saw h. \_\_\_\_\_ 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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

4634