

APR 15 1937

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

Do not use this space.

11281

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH

Registration District No. 5
Primary Registration District No. 1000
(No. 3107 JULES ST.)

File No. 11281
Registered No. 392
Ward

2. FULL NAME CLAUDE SEYMORE CRANDALL

(a) Residence, No. 3107 JULES ST. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 OPAL LEE CRANDALL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 7TH, 1880

7. AGE YEARS 56 MONTHS 3 DAYS 20 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) MAR. 27TH, 1937 11. Total time (years) spent in this occupation 20

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

13. NAME EGBERT CRANDALL

14. BIRTHPLACE (CITY OR TOWN) ST. CATHERINE (STATE OR COUNTRY) MO.

15. MAIDEN NAME ELLEN STEVART

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

17. INFORMANT MRS. OPAL LEE CRANDALL (ADDRESS) 3107 JULES ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CHILLICOTHE, MO. DATE MARCH 30TH, 1937

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.

20. FILED 3-30 1937 J. H. Stebbins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 27TH, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to March 27, 1937

I last saw h.i.m. alive on March 27, 1937 Death is said to have occurred on the date stated above, at 1 A.m.

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

Acute Myocardial Infarction

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

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? Yes If so, specify

(Signed) , M. D. (Address) 303 Kirby Park Bldg

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.

