

Dr. A. Martini

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

Do not use this space.

12671

1. PLACE OF DEATH

County Mississippi

Township

City East Prairie (No. _____, St. _____ Ward)Registration District No. 1567Primary Registration District No. 4334

File No. _____

Registered No. 25

2. FULL NAME

Jaurine Cranford
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23 - 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planner, 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) East Prairie, Mo.13. NAME Pete Cranford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Prairie15. MAIDEN NAME Jaurine Belser16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.17. INFORMANT (ADDRESS) Pete Cranford, East Prairie18. BURIAL, CREMATION, OR REMOVAL PLACE W.O.W. DATE Mar. 23 193719. UNDERTAKER (ADDRESS) Travis Shelly, East Prairie, Mo.20. FILED Mar 23 1937 Duff M. Hedger Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23 1937

22. I HEREBY CERTIFY That I attended deceased from 3-23 - 1937, to 3/33 1937

I last saw him _____ alive on _____, 1937. Death is said to have occurred on the date stated above, at 6:20 m.
The principal cause of death and related causes of importance were as follows:

Heart failure from
Essential Hypertension

Other contributory causes of importance:

Date of onset

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 _____, 1937

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) A. J. Martini M. D.(Address) East Prairie, Mo.

Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

