

MAY 20 1937

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

Do not use this space.
14 Music

1. PLACE OF DEATH
39 County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001 File No. 16324
City Springfield (No. City Hospital) Registered No. 0231 St. _____ Ward _____

2. FULL NAME Carl E. Crandall
(a) Residence, No. 306 Hawthorne 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mae Crandall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 7 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway
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) Dawson, Mich
13. NAME Charles J. Crandall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene, Mo
15. MAIDEN NAME Mary Emma
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo
17. INFORMANT Mrs. Mae Crandall
(ADDRESS) Springfield, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield DATE 4/3 1937
19. UNDERTAKER Deacon Robinson
(ADDRESS) Springfield, Mo
20. FILED Apr 31 1937 Chas. A. Groom Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1937, to April 2, 1937
I last saw him alive on 4, 1, 1937 Death is said to have occurred on the date stated above, at 3 A-m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, Unresolved.
Lobar.
Other contributory causes of importance: Influenza
Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) Music _____, M. D.
(Address) Springfield, Mo.

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.

