

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

55 County Lawrence  
Township Atkins  
4 City Atkins Mo (No. \_\_\_\_\_)

Registration District No. 467  
Primary Registration District No. 4280

File No. 45833  
Registered No. 69

2. FULL NAME

Charles A. Crayne  
(a) Residence, No. Atkins Mo St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 70 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 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 Anna B. Crayne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 1867

7. AGE YEARS 71 MONTHS 2 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Lawrence Mo

13. NAME Unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Anna B. Crayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Summit DATE Dec 20 1937

19. UNDERTAKER Atkins Funeral Home (ADDRESS) Atkins Mo

20. FILED 12-19 1937 R. W. Courson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-4-1935 to 12-19-1937

I last saw him alive on 12-19-1937 Death is said to have occurred on the date stated above, at 6:40 a.m.

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

Cardiac Hypertrophy,  
Paralysis agitans,  
& acute Myocard

Other contributory causes of importance:  
Malignancy of 53  
left apical

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis Physical 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 None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. G. Atten 3 (Address) Atkins, 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.

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