

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

Do not use this space.

19031

1. PLACE OF DEATH
 County Newton Registration District No. 612
 Township Berwick Primary Registration District No. 6257
 City (No.) St. Ward

2. FULL NAME William Allen Crane 650
 (a) Residence, No. SL, Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
61	3	2		

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) May 27 1937 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Ind.

13. NAME Allen S. Crane

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

15. MAIDEN NAME Isabella Campbell

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

17. INFORMANT (ADDRESS) Mrs W.A. Crane Stark City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour Ind. DATE June 1. 1938

19. UNDERTAKER (ADDRESS) Victor O. Niemeyer Pierce city Mo.

20. FILED 6-1 1938 Grace Hudson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1938, to 5-30, 1938

I last saw him on 5-30, 1938. Death is said to have occurred on the date stated above, at 12 m.

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

Coronary occlusion
59-
 Other contributory causes of importance:
Diabetes mellitus
 Date of onset 5-30-38
1937

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) Ernest Mitchell, M. D.
 (Address) Nioutt 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.

