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

Do not use this space.

2486

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1. PLACE OF DEATH
County Marion — Registration District No. 552 — File No. 3
Township Warren — Primary Registration District No. 5745 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Maggie Hemley-Crane
(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

3. SEX: Female
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 John M. Crane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 15-1873

7. AGE: Years 55 — Months 5 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma

2

PARENTS

10. NAME OF FATHER: Henry Hemley

2

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

31

14. INFORMANT: John M. Crane
(Address) Monroe City Mo R F D

15. FILED 1/20, 1929. Rosa E. Wagner, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 19th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 18th, 1929, to Jan 19th, 1929, that I last saw her alive on Jan 19th, 1929, and that death occurred, on the date stated above, at 9.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
66 B
107 A
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Toxic Goitre
(duration) yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. D. Pipkin, M. D
1/20, 1929 (Address) Monroe City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cemetary Hannibal Mo — DATE OF BURIAL: Jan. 22nd 1929

20. UNDERTAKER: Robert P. Schwartz — ADDRESS: Hannibal 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.