AUG 27

1920

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

85

Do not use this space.

23914

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: Washington — Primary Registration District No.: — Registered No.: 989

City: St Joseph Mo. (No.: Missouri Med. Hospital St. Ward)

2. FULL NAME: Leonard Arthur Crane

(a) Residence. No.: Blanchard Iowa 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: 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: Blanche Crane

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 25 1882

7. AGE: Years 46 | Months 10 | Days 5 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Shenandoah
(STATE OR COUNTRY): Iowa

PARENTS

10. NAME OF FATHER: John Crane

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Utica
(STATE OR COUNTRY): New York

12. MAIDEN NAME OF MOTHER: Elizabeth B. Herd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): New York

14. INFORMANT: Mrs. F. H. Colbert
(Address): Kansas City Mo.

15. FILED: JUL 30 1929, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 30 1929

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1929, to July 29, 1929, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 12:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism
10 DA
11 DA (duration) yrs. 30 min mos. ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia (duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED: 0 / 100 A / c
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No. DATE OF: c
WAS THERE AN AUTOPSY? No c
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed): T. B. [illegible], M. D.
7/31, 1929 (Address): Pattee Bldg St Joseph 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: Westboro Mo. — DATE OF BURIAL: July 30 1929

20. UNDERTAKER: E. R. Siderfaden — ADDRESS: 607 So. 10

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.

PERMANENT RECORD

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