

MAY 27 1930

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

Do not use this space.

13341

1. PLACE OF DEATH

County Marion  
Township Liberty  
City Palmira (No. ....)

Registration District No. 5-48  
Primary Registration District No. 4322

File No. ....  
Registered No. 18  
St. .... Ward)

2. FULL NAME Margaret May 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 Orny Crane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
50 9 7

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 .....

9. BIRTHPLACE (CITY OR TOWN) Marion Co.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edwin Hayden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion Co.  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER America

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marion Co.  
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Daump  
(Address) Palmira Mo

15. FILED 3/9 1930 L. Stewart  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1929 to Apr 7 1930  
that I last saw her alive on Apr 4 1930, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Renewed Anemia

779 58A  
CONTRIBUTORY (SECONDARY) .....  
(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? Clinical

(Signed) C. H. Amlin, M. D.  
Apr 9 1930 (Address) Palmira 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

Greenwood

DATE OF BURIAL

April 9 1930

20. UNDERTAKER

E. J. Sprague

ADDRESS

Palmira 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.

