

REC'D JUN 20 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Henry Registration District No. 352  
 Township Deerpuster Primary Registration District No. 2497  
 City Montrose (No. 4209) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1.8356

Registered No. \_\_\_\_\_

## 2. FULL NAME

Lamuel M. Crain 650  
 (a) Residence, No. Montrose 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 Sarah E. Crain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 7 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Painter  
 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) 1937 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellaire Ill13. NAME Lamuel W. Crain14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Jane Malone16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Monty Crain Montrose Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Rockville Mo DATE 5-28 193819. UNDERTAKER (ADDRESS) Lannarty & Lannarty Montrose Mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1935, to May 24 1938I last saw him alive on May 24 1938. Death is said to have occurred on the date stated above, at 3a a.m.

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

Fibroid pulmonary Date of onset \_\_\_\_\_phthisis

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? no

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

(Signed) W. E. Baggerly M. D.(Address) Montrose Mo316

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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

18356

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 352  
 (b) Township Montrose Primary Registration District No. 4209 Registered No. \_\_\_\_\_  
 (c) City Montrose (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lemuel M. Crain

(a) Residence, No. Montrose St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Sarah E. Crain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1878

7. AGE YEARS 59 MONTHS 7 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) 1937  
 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellefonte Pa.

13. NAME Lemuel D. Crain

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

15. MAIDEN NAME Jane Malone

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

17. INFORMANT Monty Crain  
(ADDRESS) Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL no  
PLACE Rockville DATE July 28 1938

19. FUNERAL DIRECTOR Hemarty & Hemarty  
(ADDRESS) Montrose Mo

20. FILED July 10 1938 Mrs. Leo Heimes  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1938 to May 24 1938

I last saw him alive on May 24 1938 Death is said

to have occurred on the date stated above, at 3 A:m.

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

Tubercular Pulmonary Phthisis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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 \_\_\_\_\_ 1938

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) W. E. Baggely M. D.

(Address) Montrose Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

