REC'D OCT 19 1938

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

32013
Do not use this space.

1. PLACE OF DEATH
(a) County Cole
(b) Township Jefferson
(c) City Jefferson City
(d) Street No. 123 W Miller J.C. Mo. 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.

Registration District No. 213
Primary Registration District No. 3014 Registered No. 263

2. PRINT FULL NAME LEONA E. CRANE 6 10
(a) Residence, No. 123 W Miller St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~ Fred A Crane
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1895
7. AGE Years 43 Months 5 Days 22 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland Mo.

FATHER
13. NAME James A. Nichols
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland Mo

MOTHER
15. MAIDEN NAME ~~J.C.~~ Mollie Nichols
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland Mo

17. INFORMANT (ADDRESS) Fred A. Crane 123 W Miller J.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Goshen, Mo DATE Sept 2 1938
19. FUNERAL DIRECTOR (ADDRESS) Buescher Funeral J.C. Mo.
20. FILED 9/21 1938 W Beaford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1938
22. I HEREBY CERTIFY That I attended deceased from Coroners, to Cole, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:
Suicide, Cut her Throat and both wrists with a razor.
Date of onset
168
Other contributory causes of importance:
Had been mentally unbalanced, In State Hospital at Fulton, Mo.
Name of operation Menopause 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~~? Suicide Date of injury 9-1-, 1938
Where did injury occur? ~~Home~~ Jefferson City, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Cut her throat and
Nature of injury both wrists with a razor
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
16 (Signed) Frank J. Nichols M. D.
111 (Address) Coroner of Cole Co. Centertown Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher; Licensed Embalmer No. 3701

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)