

MAY 22 1933

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

Do not use this space.

12386

1. PLACE OF DEATH

10 County Boone
Township Columbia
City (No.)

Registration District No. 73
Primary Registration District No. 5112

File No. _____
Registered No. 85
St. _____ Ward _____

2. FULL NAME

Roxie Lee Crane

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (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 or (OR) WIFE OF Darice Weathering Crane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-28-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1860-1930

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) Boone County Missouri

13. NAME Wary Fortney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

15. MAIDEN NAME Roxie Ann Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

17. INFORMANT Nell Proctor (ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo memorial Park DATE 4-25-33

19. UNDERTAKER Wm Vauderwenter (ADDRESS) Columbia Mo

20. FILED H/24/1933 Allie Selby Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-1933

22. HEREBY CERTIFY, That I attended deceased from Mar 27, 1933 to Apr 23, 1933
I last saw her alive on Apr 21, 1933 Death is said to have occurred on the date stated above, at 8:15 A.M.

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

myocardial death cerebral degeneration
hypertension
hypertrophy of the heart
atherosclerosis
no fever

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 _____, 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? Yes
If so, specify _____

(Signed) Roxie Lee Crane, M. D.
(Address) Columbia Mo

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.

