

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

Do not use this space.

33003

**1. PLACE OF DEATH**

County Clay Registration District No. 118  
 Township Embury River Primary Registration District No. 2277a  
 City Excelsior (No. ....) St. .... Ward)

File No. ....  
 Registered No. 131

**2. FULL NAME**

Wasson Craven  
 (a) Residence. No. South West Excelsior Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 20 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 Helen Miller Craven  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 1906  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21 4 0  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Baggage man  
 (b) General nature of industry, business, or establishment in which employed (or employer) Bellevue Lin Station  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Orbarel  
 (STATE OR COUNTRY) Ray Co

10. NAME OF FATHER Herbert Craven  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Camden  
 (STATE OR COUNTRY) Mo  
 12. MAIDEN NAME OF MOTHER Archie Hay  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Orbarel  
 (STATE OR COUNTRY) Ray Co

14. INFORMANT Raymond Hay  
 (Address) Excelsior Mo

15. FILED 11-4-27 19 27 W.C. Craven  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/9 19 27

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Auto Accident on  
highway #69, fractured  
skull + internal injuries  
SIDM (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1st (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: .....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) W. H. Rice M.D.  
11/10, 19 27 (Address) Excelsior 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 Crowley Cem Ray Co DATE OF BURIAL Nov 11 1927

20. UNDERTAKER John C Prather ADDRESS Excelsior

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.

RECORDS SECTION - THIS IS A PERMANENT RECORD

