

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

Do not use this space.

19751

1. PLACE OF DEATH

County Monroe
Township Allen
City (No.) St. Ward

Registration District No. 985
Primary Registration District No. 4216

File No.
Registered No.
St. Ward

2. FULL NAME

Charles W Craver

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

February 13 1946

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Monroe, La
Richard Craver

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Cecil Wynn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Monroe, La

14.

INFORMANT (Address)

J.P. Brown
Denver, Mo

15.

FILED

July 28 1975
J.H. Lacey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 13 1978

17.

I HEREBY CERTIFY, That I attended deceased from May 6 1978, to May 13 1978

that I last saw her alive on May 13 1978, and that death occurred, on the date stated above, at 9:28 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Whooping cough
9 (duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Louis H. Lacey, M.D.
, 1975 (Address) Denver, 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

DATE OF BURIAL

Miller Cemetery May 4 1978

20. UNDERTAKER

ADDRESS

Brown Bros Denver, 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.

JUL 30 1975

