

EC 26 1928

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

Do not use this space.

36217

1. PLACE OF DEATH
County Butler Registration District No. 92
Township Act Hill Primary Registration District No. 5134B
City Oulin (No.) St. Ward)

2. FULL NAME Gayland Craft
(a) Residence. No. Oulin Mo. 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 - 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Oulin, Butler Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER William Craft

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oulin Co. Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Becker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT William Craft
(Address) Oulin Mo.

15. FILED 12/1 1928 Levt Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 15, 1928, to Nov 3, 1928, that I last saw him alive on Nov 1, 1928, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum
1130
(duration) yrs. mos. 2 da.

CONTRIBUTORY improper bottle feeding
(SECONDARY) (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Levt Cook, M. D.
, 19 (Address) Oulin 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 Stevens Cemetery, Oulin Co. Mo. DATE OF BURIAL 11/3 1928

20. UNDERTAKER W. J. Greer ADDRESS Poplar Bluff, 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.

