29 1928

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

Do not use this space.

37624

1. PLACE OF DEATH

County Mississippi — Registration District No. 566 — File No.

Township Tywappity — Primary Registration District No. 3030 — Registered No. 94

City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Will Cravens

(a) Residence. No. Charleston, Mo. St., ... Ward. (If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred about 35 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: Black

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 27, 1868

7. AGE: Years 59 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laboring man

(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): New Madrid Mo.

PARENTS

10. NAME OF FATHER: Adam Cravens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

12. MAIDEN NAME OF MOTHER: Mary Cravens

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

14. INFORMANT (Address): Malinda Cravens Charleston, Mo.

15. FILED Nov 19th 1928 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3 2:25 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-19 1928

17. I HEREBY CERTIFY, That I attended deceased from June 10th, 1927, to Nov 19th, 1928 that I last saw him alive on Nov 19th, 1928, and that death occurred, on the date stated above, at 3:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endo Carditis & Apoplexy

131

92B

82A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 W

DID AN OPERATION PRECEDE DEATH? no DATE OF

O WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) Frank S Vernon, M. D

11-19-1928 (Address) Charleston 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: Oak Grove Cemetery — DATE OF BURIAL: 11/21 1928

20. UNDERTAKER: Eur Und. Co. Hay Jr. — ADDRESS: Charleston

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.

Dr Vernon