

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

Do not use this space.

39956

JAN 22 1929

1. PLACE OF DEATH

County Clinton Registration District No. 707
Township _____ Primary Registration District No. 4175
City Plattsburg (No. _____) St. _____ Ward _____

File No. 16
Registered No. 78

2. FULL NAME Amanda Alice Crafton

(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 36 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	68	5	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Danville
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Anthony Crafton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Amanda Thomas

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

14. INFORMANT Mad M Crafton
(Address) Plattsburg Mo

15. FILED 12/7 1928 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928 19, to Dec 5, 1928 19, that I last saw her alive on Dec 4, 1928 19, and that death occurred, on the date stated above, at 1:30AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Cancer of Left Breast with breaking down of kidneys

CONTRIBUTORY (SECONDARY) 50 133A (duration) 12 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____
3 DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-15-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S D Reynolds, M. D.

2/6/28, 19 (Address) Plattsburg 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 Plattsburg Mo DATE OF BURIAL 12-6 1928

20. UNDERTAKER Burr M. Nelson ADDRESS Plattsburg Mo

WRITE PLAINLY, WITH UNFADING INK

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.

