

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

Do not use this space.

25561

**1. PLACE OF DEATH**

County Ray Registration District No. 743 File No. 1  
 Township Fishing Run Primary Registration District No. 59770 Registered No. 6  
 City Ray St. Mo Ward 6237

**2. FULL NAME**

Mary Francis Craven  
 (a) Residence No. 76 St. 1 Ward 26  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 76 yrs. 1 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF M. B. Craven  
 (OR) WIFE OF M. B. Craven  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 5 - 1853  
**7. AGE**  
 YEARS 76 MONTHS 1 DATE 26  
 IF LESS than 1 day, hrs. — min. —  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) none  
 (c) Name of employer none

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ray Co. Mo

**10. NAME OF FATHER**

David Thompson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**12. MAIDEN NAME OF MOTHER**

Don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**14. INFORMANT**

Albert Craven  
 (Address) Rayville Mo.

**15. FILED**

July 10, 1929 Edwin Shouse  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 7-1-29

**17. I HEREBY CERTIFY** That I attended deceased from June 1 to July 1, 1929  
 that I last saw her alive on June 28, 1929, and that death occurred, on the date stated above, at 1:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Septicemia from old chronic cystitis  
135 B  
36 (duration) yrs. 1 mos. — ds.

**CONTRIBUTORY (SECONDARY)** chronic cystitis  
subot (duration) yrs. — mos. — ds.

**18. WHERE WAS DISEASE CONTRACTED?**  
 IF NOT AT PLACE OF DEATH 135 B

DID AN OPERATION PRECEDE DEATH? no DATE OF —

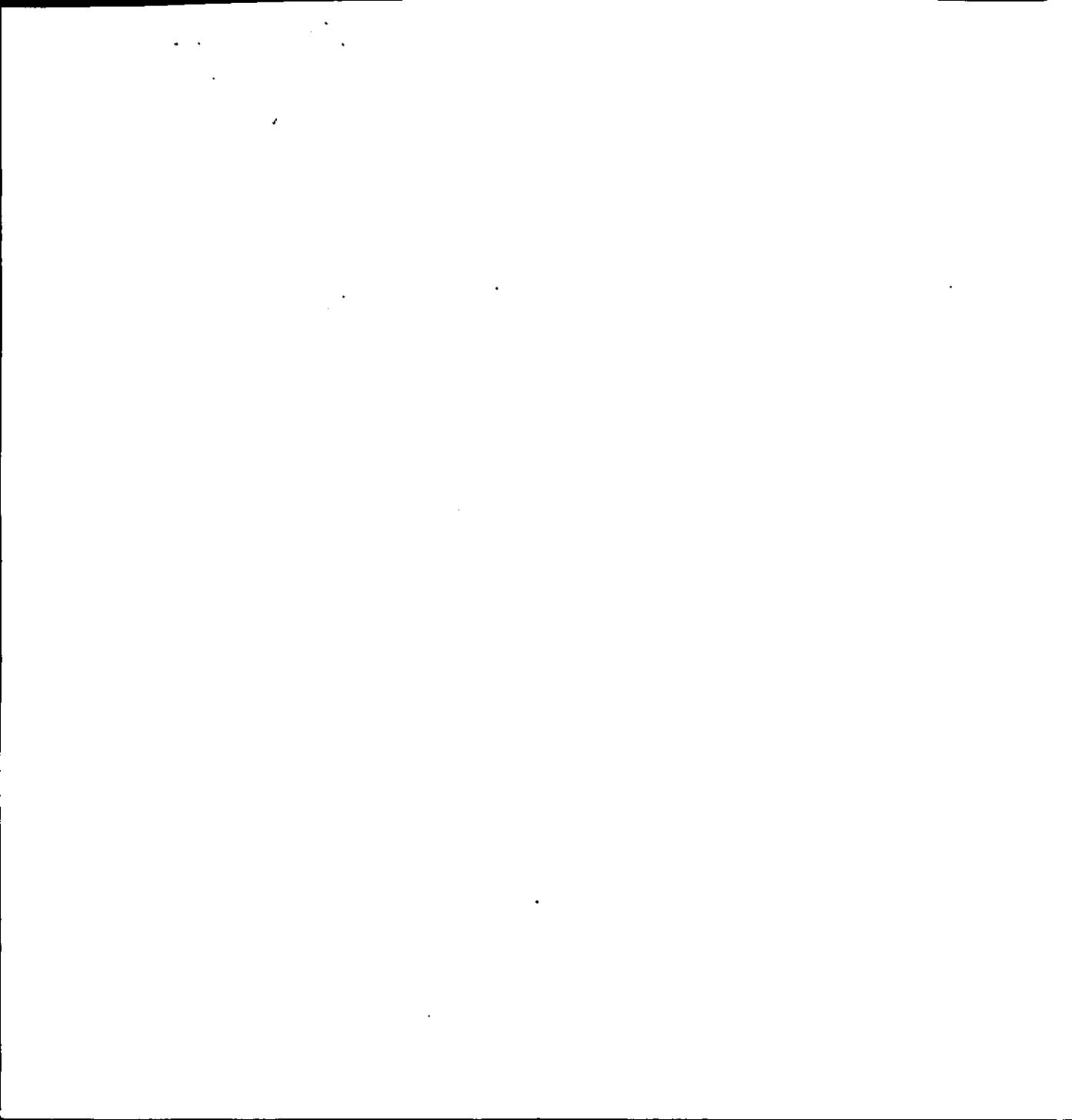
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chymal  
 (Signed) G. D. Craven, M. D.  
 , 19 (Address) Rayville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Rayville Mo. **DATE OF BURIAL** 7-2-29

**20. UNDERTAKER** Robert Hope by Spring  
 ADDRESS —



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Ray Registration District No. 443 File No. 1  
 Township Washington River Primary Registration District No. 6237 Registered No. 22  
 City (No. ....) St. .... Ward)

**2. FULL NAME** Mary Francis Craven

(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 76 yrs. 1 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>76</u>	<u>1</u>	<u>26</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) none  
 (c) Name of employer none

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ray Co. Mo.

**10. NAME OF FATHER**

David Thompson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**12. MAIDEN NAME OF MOTHER**

Know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14. INFORMANT** Albert Craven

(Address) Rayville Mo

15. FILED Apr 7 9 1929 L. E. Eves REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1929

17. I HEREBY CERTIFY That I attended deceased from June 1 1929 to July 1 1929  
 that I last saw h. .... alive on June 27 1929, and that death occurred, on the date stated above, at 1:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Septicemia from old Chronic Cystitis

CONTRIBUTORY (SECONDARY) Chronic Cystitis

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Y. D. Craven M. D.

, 19 1929 (Address) Excelsior Spgs 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

Salem

7-2 1929

**20. UNDERTAKER**

ADDRESS

Herbert Hope

Ex. Springs

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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