

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

Do not use this space.

26573

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 008  
City St. Louis (No. 904 Cass Avenue)

File No.....  
Registered No. 7813  
St. .... Ward)

**2. FULL NAME** India Craddock

(a) Residence. No. 904 Cass Avenue St. 25 Ward. (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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-4-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 3 22

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Domestic  
(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) Tennessee

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Case Craddock  
(Address) 904 Cass Avenue

15. FILED JUL 29 1929 W. C. Barker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1929

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1929 to July 26, 1929 that I last saw him alive on July 26, 1929, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

myocardial chronic  
9:30  
57.2

(duration) yrs. 2 mos. ds.  
CONTRIBUTORY Rheumatism Chronic  
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. no DATE OF

WAS THERE AN AUTOXY

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) E. J. Pickett, M. D.

7-25, 1929 (Address) Sam Studio Bldg

\*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

Washington Park 7-30 1929

20. UNDERTAKER ADDRESS

Gate Funeral Home 410 Lindsey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should, if possible, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

