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

6

Do not use this space.

FEB 24 1930

1. PLACE OF DEATH
County Dade
Township Ernest
City Greenfield (No. ..... St. ..... Ward)

Registration District No. 238
Primary Registration District No. 5325

File No. 633
Registered No. .....

2. FULL NAME Richard Everth Craft
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

3

2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	17	9	7	

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

261

9. BIRTHPLACE (CITY OR TOWN) Greenfield
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER R. Elmer Craft
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arcola
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Alta A. Beaty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hickory Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT R. Elmer Craft
(Address) Greenfield. Mo.

15. FILED 2-7-1930 J. A. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10. 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to ——, 19..., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Flu
11B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 11B
(duration) ..... yrs. ..... mos. ..... ds.

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) O. V. Hembree, M. D.
1-10-, 1930 (Address) Greenfield 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~~ Pleasant Grove Cem.
DATE OF BURIAL Jan 12 1930

20. UNDERTAKER J. W. Ward
ADDRESS Greenfield 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.