

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

Do not use this space.

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1. PLACE OF DEATH

County Barry
Township Liberty
City (No. _____) _____ St. _____ Ward _____

Registration District No. 248
Primary Registration District No. 5344

File No. _____
Registered No. 10

2. FULL NAME

Chas A. M. Crayer

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 - 1930
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 7:30 a. m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth M. Crayer

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16 - 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 1 14

CONTRIBUTORY (SECONDARY) Senility (duration) _____ yrs. _____ mos. _____ ds.
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) R. Gardner M. D.
1-31-1930 (Address) Gallatin Mo

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

9. BIRTHPLACE (CITY OR TOWN) Grassdy Co.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Carlton M. Crayer

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

12. MAIDEN NAME OF MOTHER Dorothy Jones

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

14. INFORMANT Nettie Jarwater
(Address) Gallatin Mo

15. FILED _____, 19____ Miss Sany Simpson
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL M. Cray DATE OF BURIAL 1/31 - 1930

20. UNDERTAKER H. A. Hope ADDRESS Gallatin

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE EXACTLY. PHYSICIANS SHOULD STATE EXACTLY.

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PARENTS

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