MAR 28 1930

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

Do not use this space.

5546

1. PLACE OF DEATH
County Lawrence — Registration District No. 467 — File No. 5546
Township Aurora — Primary Registration District No. 4280 — Registered No. 183
City Aurora (No. Cowan, Clinic St. Ward)

2. FULL NAME Floy A. Craker
(a) Residence. No. 421 Hiland 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

3. SEX: Female
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF: W. H. Craker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 15-1879

7. AGE: Years 50 — Months 10 — Days 3 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 131
(b) General nature of industry, business, or establishment in which employed (or employer): 126
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster, Co Mo

PARENTS
10. NAME OF FATHER: M. P. Rodgers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Webster Co, Mo
12. MAIDEN NAME OF MOTHER: Sarah E. Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: W. H. Craker
(Address) Aurora Mo.

15. FILED 3-10-1930 R. W. Smart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from yr 7, 1922, to Feby 18, 1930 that I last saw her alive on 2-18, 1930, and that death occurred, on the date stated above, at 7:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Parenchymatous Nephritis
Ch. Cordiac Valvular Disease
(duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cholelithiasis; Uterine Fibroid (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Sob. Autopsy
(Signed) R. D. Cowan, M. D.
, 19 (Address) Aurora, 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: Greenlawn Cem — DATE OF BURIAL: 2/20 1930

20. UNDERTAKER: King Funeral Home — ADDRESS: Aurora

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