WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

28694

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. ..... Registered No. 8604

Township ..... Primary Registration District No. .....

City St. Louis Mo. (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Caroline McCracken

(a) Residence. No. ..... St., 17 Ward. Greenville Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	7	5	

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

9. BIRTHPLACE (CITY OR TOWN) Coppen
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER John McCracken

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

12. MAIDEN NAME OF MOTHER Mary Francis

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

14. INFORMANT W. H. Lawson
(Address) Greenville Ill.

15. FILED AUG 31 1930 Max C Starkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from 8/5/30, 19..., to 8/, 19..., that I last saw her alive on 8/29/30, 19..., and that death occurred, on the date stated above, at 12 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Exophthalmic goiter

66B

66E (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Thyroid crisis

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1) 8/21/30 Rt ligation 2) 8/26/30 Lt ligation

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Basal metabolic rate

(Signed) Willard Bartlett, M. D.
and Willard Bartlett Jr. M.D.
8/30, 1930 (Address) 410 Metropolitan Bldg, St Louis

*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
Greenville Ill.	9/1/30 19

20. UNDERTAKER	ADDRESS
W. D. Donnell	Greenvill Ill.