

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

Do not use this space.

292289

1. PLACE OF DEATH

County St. Francois
Township 11 11
City (No.) St. (Ward)

Registration District No. 274
Primary Registration District No. 00180B

File No. 292289
Registered No.

2. FULL NAME

James Albert Craus

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unfact.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 29-31</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>0</u>	DAYS <u>+</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1931, to Aug 29 1931. I last saw him alive on Aug 29 1931. Death is said to have occurred on the date stated above, at 9:00 p.m. 31. The principal cause of death and related causes of importance were as follows:

Premature birth
Pneumonia

Date of onset
8/29/31
8/29/31

159
159

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. C. Rohrbach, M. D.
(Address) 2401 River mo

12. BIRTHPLACE (CITY OR TOWN) St. Francois Mo.
(STATE OR COUNTRY) St. Francois County

13. NAME James W. Craus

14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Genie Thompson

16. BIRTHPLACE (CITY OR TOWN) Boonville Mo.
(STATE OR COUNTRY)

17. INFORMANT James W. Craus - Father
(ADDRESS) See

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville Cemetery DATE Aug. 30 1931

19. UNDERTAKER Clavin W. Hoop
(ADDRESS)

20. FILED Aug 31 1931 W. J. Bryaw
Registrar.

1931 52 235

