

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

Do not use this space.

34149

1. PLACE OF DEATH

County Greene
Township Boonville
City (No.) St. Ward

Registration District No. 316
Primary Registration District No. 5435

File No.
Registered No. 17
St. Ward

2. FULL NAME

Dorothy May Crayton

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/7 1931

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw her alive on 10-7-1931, and that death occurred, on the date stated above, at _____, Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/7/1931

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 5-0

marasmus and infantile diarrhea

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Daughter of
(b) General nature of industry, business, or establishment in which employed (or employer). Time killed
(c) Name of employer Laborer

CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Mo

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Ben Crayton

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bedard Co Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ash Grove cemetery DATE OF BURIAL 10/8 1931

12. MAIDEN NAME OF MOTHER Abel Harper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Arcola Mo

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Charles H. Staffie, M. D.
10-7, 1931 (Address) Ash Grove, Mo

14. INFORMANT Ben Crayton
(Address) Ash Grove 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.

15. FILED 11/5 1931 Dr. Charles H. Orr REGISTRAR

20. UNDERTAKER A. Galbraith - Ash Grove Mo

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

NOV 24 1931

