

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

Do not use this space.

34531

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township K. C. Mo.

Primary Registration District No. 1002

City K. C. Mo.

(No. 2447 Montgall)

File No. \_\_\_\_\_

Registered No. 4250

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2447 Montgall Ward. 11  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE West India 5. SINGLE; MARRIED, WIDOWED OR DIVORCED—(write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lavinia Cragman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5th - 1884

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day,	
				hrs.	mins.
<u>90</u>	<u>5</u>	<u>11</u>			

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work School President  
(b) General nature of industry, business, or establishment in which employed (or employer) Clark University  
(c) Name of employer Atlanta, Ga.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Martins West Indies

10. NAME OF FATHER William Cragman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Martins, B.W.I.

12. MAIDEN NAME OF MOTHER Charlotte Cheppendale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Martins B.W.I.

14. INFORMANT Mrs. C.A. Franklin  
(Address) 2447 Montgall ave

15. FILED 10/20/31 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I Henry CERTIFY, That I attended deceased from Aug 10 to Oct 16 1931  
that I last saw him alive on Oct 16 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic interstitial nephritis

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 131 (duration) yrs. mos. da.

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHICH TEST CONFIRMED DIAGNOSIS? Chronic interstitial nephritis  
(Signed) H. E. Ferguson

\*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 Atlanta, Ga. DATE OF BURIAL 10-20-31

20. UNDERTAKER Hugh & Beers Street ADDRESS K.C. Mo.

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.

