

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.

DEC 23 1931

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

Do not use this space.

40512

1. PLACE OF DEATH

County Dade
Township _____
City N. W. Greenfield (No. _____)

Registration District No. 237
Primary Registration District No. 1323

File No. _____
Registered No. 73
St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4. 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

FATHER 13. NAME Calvin Craft.

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

MOTHER 15. MAIDEN NAME Elmire Bridges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

17. INFORMANT Elmer Craft (ADDRESS) Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE Dec 8 1931

19. UNDERTAKER J. W. Ward (ADDRESS) Greenfield, Mo.

20. FILED 12-8 1931 Estell Registrar.

MEDICAL CERTIFICATE OF DEATH

4
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1931

22. I HEREBY CERTIFY That I attended deceased from Dec 1, 1931, to Dec 7, 1931
I last saw him alive on Dec 7, 1931. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Advanced carcinoma of stomach with metastasis to liver & lungs. Related causes was pulmonary hemorrhage
Other contributory causes of importance:
46B
47B
46E
46B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) J. O. Carson, M. D.
(Address) Greenfield, Mo.

