

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

Do not use this space.

40743

1. PLACE OF DEATH

County Henry Co Registration District No. 349
Township 7th Primary Registration District No. 5487
City Repton, Mo. (No. _____ St. _____ Ward)

File No. _____
Registered No. 37

2. FULL NAME

Minnie Mahel Cramer

(a) Residence. No. Repton, Mo. St. P. 3. 2. Ward. _____

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

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

Mrs. Samuel Cramer

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

Mar 22-1892

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>39</u>	<u>9</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Morgan County, Missouri

10. NAME OF FATHER

Mr. Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missouri

12. MAIDEN NAME OF MOTHER

Marg Donnelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

14.

INFORMANT One S. Cramer
(Address) Repton, Mo.

15.

FILED 12/31, 1931 Mrs. R. A. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29-1931

17. HEREBY CERTIFY, That I attended deceased from Dec 13, 1931, to Dec 28, 1931, that I last saw him alive on Dec 28, 1931, and that death occurred, on the date stated above, at 12:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (acute)

131

934

(duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Infectious Myocarditis

(duration) 3 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. J. Lane, M. D.

, 19 (Address) Repton, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mixed Creek Cem. 12-29 1931

20. UNDERTAKER

ADDRESS

John L. Wallace Repton, Mo.

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.

THIS IS A PERMANENT RECORD

MAY 2 1974