

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

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**1. PLACE OF DEATH**

County Duchaux

Registration District No. \_\_\_\_\_

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

Township St. Joseph, Mo. #4

Primary Registration District No. 10001

Registered No. 51

City St. Joseph, Mo. (No. State Hosp #2)

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

**2. FULL NAME**

Harvey Craghton

(a) Residence. No. Kansas City, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Length of residence in city or town where death occurred yrs. 3 mos. 16 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1854 - month & day not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 unknown

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Rail Road Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Springfield, Mo.

10. NAME OF FATHER Charles Craghton

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ann Downey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Ireland

14. INFORMANT (Address) Records State Hospital, St. Joseph, Mo.

15. FILED 1-15-32 John Bender REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1932 to Jan 14 1932 that I last saw him alive on Jan 14 1932 and that death occurred, on the date stated above, at 8:35 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hypertension  
518 Indefinite over (duration) yrs. 3 mos. 16 ds.  
CONTRIBUTORY (SECONDARY) Arteriosclerosis  
over (duration) yrs. 3 mos. 16 ds.

**18. WHERE WAS DISEASE CONTRACTED**

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

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

WAS THERE AN AUTOPSY? yes

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Dr. Clifton Smith, M. D.  
Jan 14, 19 32 (Address) St. Joseph, 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  
State Hospital Cem. Jan. 16 1932

20. UNDERTAKER ADDRESS  
H. C. Sidenfaden St. Joseph, 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.

WHITE-PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
JAN 28 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Joseph

Registration District No. 85-

Township

Primary Registration District No. 1001

City St. Joseph (No. \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 5-1 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Harvey Craighton 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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER  
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 3-19- 1932 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows: Hyponephrosis Right test left kidney Arteriosclerosis

Date of onset

Other contributory causes of importance: \_\_\_\_\_

Name of operation 510 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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

WRITE FULLY, WITH CARE. THIS IS A PERMANENT RECORD.

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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