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.

FEB 23 1932

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

Do not use this space.

354

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 124 — File No.

2 Township Byrd — Primary Registration District No. 4070 — Registered No. 4

2 City Jackson Mo. (No. ..... St. ..... Ward)

2. FULL NAME John Crader

(a) Residence No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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: Cassie S Allen Crader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE: about 73 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.: 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): Bollinger County, Mo

FATHER

13. NAME: Wannal Crader
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known. 31

MOTHER

15. MAIDEN NAME: Susie Jane Acker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger County Mo 14

17. INFORMANT (ADDRESS): Harrison Crader Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lesley Cemetery DATE: Jan 23 1932

19. UNDERTAKER (ADDRESS): McCombs Finn & Mead Co Jackson Mo.

20. FILED: 1-23 1932 D. G. Suber, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1931, to Jan 22, 1932

I last saw him alive on Jan 20, 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Mgs Coulitis — Date of onset Feb 1931

9:30 9:30

Other contributory causes of importance: None

8

Name of operation ..... 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 ..... (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. J. L. Scobarth, M. D.

(Address) Jackson Mo