

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

Do not use this space.

553

**1. PLACE OF DEATH**

27 County Cooper Registration District No. 217  
Township Blackwater Primary Registration District No. 5297  
City (No. St. Ward)

**2. FULL NAME**

Harmon Bailey Cramer  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 29<sup>th</sup> 1848</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>10</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Sept. 1922</u>		11. Total time (years) spent in this occupation <u>Life</u>

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

13. NAME Lud Will Cramer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Cooper Co Mo.

15. MAIDEN NAME Elizabeth Shackelford

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

17. INFORMANT (ADDRESS)  
L.A. Cramer Mo Blackwater

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lamine DATE Jan 29<sup>th</sup> 1932

19. UNDERTAKER (ADDRESS)  
Schwitzky Wernhoff, Booneville, Mo.

20. FILED 1-28 1932 W. H. Berry Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1932, to Jan 27, 1932.  
I last saw him alive on January 26, 1932. Death is said to have occurred on the date stated above, at 5:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Heart Failure  
Nephritis  
13<sup>20</sup>  
16<sup>40</sup> 132  
Other contributory causes of importance:  
Age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Culture Was there an autopsy? Yes

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 \_\_\_\_\_ (3)  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. Miller Torcade M. D. E.  
(Address) Blackwater, 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.

2-3-1932

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