

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

Do not use this space.

23767

1. PLACE OF DEATH

87 County Ralls Registration District No. 225
Township Center Primary Registration District No. 5-95-6
City (No. _____) St. _____ Ward _____

2. FULL NAME

Simon Jacob Kraft
(a) Residence, No. _____ 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. da. 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>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife Kraft</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15th 1851</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>80</u> | <u>9</u> |
| | | <u>20</u> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | 11. Total time (years) spent in this occupation <u>187</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>518</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th, 1932

22. I HEREBY CERTIFY, That I attended/deceased from
Jan. 26, 1932, to July 5th, 1932
I last saw ~~him~~ her alive on July 6th, 1932. Death is said to have occurred on the date stated above, at 5:30 P. m.

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

Prostatic Hypertrophy
+ Granth in Bladder
Date of onset _____

Other contributory causes of importance:

500

Name of operation _____ Date of _____

What test confirmed diagnosis? Obstetric 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? _____

If so, specify _____

(Signed) V. M. Monzor, M. D.
(Address) Center mo

| | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| MOTHER / FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> |
| | 13. NAME <u>Fredrick Kraft</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
| | 15. MAIDEN NAME <u>Sarah White</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u> |
| | 17. INFORMANT (ADDRESS) <u>Chas Comm mo.</u> |
| 18. BURIAL, CREMATION, OR REMOVAL | |
| PLACE <u>Church</u> DATE <u>7th July</u> 19 <u>32</u> | |
| 19. UNDERTAKER (ADDRESS) <u>W. H. Couch</u> <u>Center mo</u> | |
| 20. FILED <u>7/9/32</u> <u>J. T. Howard</u> Registrar. | |

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS AN INMORTAL RECORD

AUG 27 1932

Dr. JAMES STEWART,
SPECIAL AGENT,
JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

725

#2 23767

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: _____

Simon Jacob Kraft

Who died at _____

(City)

(County)

on _____

(Date)

July 5, 1932,

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____

Months _____

Days _____

Sex _____

Color or race _____

Single, married, widowed or divorced: _____

Date of birth _____

Age: Years _____

Months _____

Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____

Year _____

5/13

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation: _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

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.

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