

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

Do not use this space.

40561

JAN 27 1933

1. PLACE OF DEATH
 County Linn Registration District No. 496 File No. _____
 Township _____ Primary Registration District No. 3029 Registered No. 114
 City Brookfield (No. 512, West Clayton) St. 400 Ward _____

2. FULL NAME Albert Dale Craft
 (a) Residence, No. _____ St. _____ Ward. Mc Camey, Texas
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 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) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 6, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		2	2	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mc Camey (STATE OR COUNTRY) Texas

FATHER 13. NAME A. E. Craft

FATHER 14. BIRTHPLACE (CITY OR TOWN) Brookfield (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Geneva Fletcher

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Brookfield (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) A. E. Craft
Mc Camey, Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill, Brookfield DATE 12/10/32

19. UNDERTAKER (ADDRESS) C. W. Hill
Brookfield

20. FILED 12-10 19 32 Lo Jenkins
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8/32, 19

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1932, to Dec. 8, 1932
 I last saw him alive on Dec. 8, 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:

Acute Broncopneumonia. Dec 4/32
 Acute Bronchitis. Dec 2/32
 Date of onset

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis and methods as 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? no
 If so, specify _____
 (Signed) W. Roy R. Haley, M. D.
 (Address) Brookfield, Mo.

