

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

Do not use this space.

41973

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 3703
City St. Louis (No. 2729 , Mills St. _____ Ward)

File No. _____
Registered No. 11084
St. _____ Ward)

2. FULL NAME John Craven

(a) Residence, No. 2729 Mills St., 21 Ward.

(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 Male	4. COLOR OR RACE Negro	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) 3 - 22 - 1906		
7. AGE	YEARS	MONTHS
	26	8
		20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237		
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) Missouri		
13. NAME Jack Craven		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Lucinda Whitelaw		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT (ADDRESS) <u>Margaret Craven</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cape Girardeau, Mo</u> DATE <u>12/15</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>O.W. Roberts</u> <u>3035 Lucas Avenue</u>		
20. FILED <u>DEC 14 1932</u> Registrar		

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 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 8:10 a. m.

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

Internal Haemorrhage, due to perforation of large vessel in superior cardiac surface of stomach

Date of onset 11/24

Other contributory causes of importance: 11/24/17

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify J.W. Kerner (Signed) Def. Coroner (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

S. NO. 2.

