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

Do not use this space.

File No. 5404
Registered No. 167

Registration District No. 818
Primary Registration District No. 2007

39 3 5

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. 1151 Florence St. Ward)

2. FULL NAME Lena Cravens
(a) Residence, No. 1151 Florence 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Colored
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) Jan-24, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retd
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) Springfield Mo

FATHER
13. NAME George Cravens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Mo

MOTHER
15. MAIDEN NAME Mary Hancock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT Sda Hous (ADDRESS) 1151 Florence

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln Memorial DATE Feb-23 1933

19. UNDERTAKER H. V. Smith (ADDRESS) 431 E. Pine

20. FILED 2-23, 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1933

22. I HEREBY CERTIFY, ~~That~~ I attended deceased from Feb. 15, 1933, to Feb. 20, 1933
I last saw h~~er~~ alive on Feb. 20, 1933. Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related ~~causes of~~ importance were as follows:

	Date of onset
Pulmonary tuberculosis	
25 yr	

Other contributory causes of importance:

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) 3257 Bronwille 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 28 1933