

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

APR 24 1933

## 1. PLACE OF DEATH

County CedarRegistration District No. 163File No. 8811Township 1Primary Registration District No. 4095Registered No. 189City Worad SpringsSt. 189 Ward)

## 2. FULL NAME

(a) Residence, No. 314 W. 1st Ave. Davis St. Ward. 1

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9 - 1855</u>		
7. AGE	YEARS	MONTHS
<u>77</u>	<u>10</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
13. NAME <u>Joseph Craft</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
15. MAIDEN NAME <u>Mekey Clements</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
17. INFORMANT (ADDRESS) <u>Jasper Bridges</u> <u>Worad Springs, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Virgil City, Tenn</u> DATE <u>2/11, 1933</u>
19. UNDERTAKER (ADDRESS) <u>Swinn-Siders</u> <u>Worad Springs, Mo.</u>
20. FILED <u>3/10</u> 19 <u>33</u> <u>W. Dawson</u> Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1933 to March 9 1933

I last saw him alive on March 9 1933. Death is said to have occurred on the date stated above, at 5 P. m.

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

Chronic Cholangitis

Other contributory causes of importance:

Obstructed Duct

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) M. P. Rogers, M. D.

(Address) Worad Springs

