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.

APR 22 1933

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

Do not use this space.

9368

1. PLACE OF DEATH

County Iron — Registration District No. 391 — File No.

Township Arcadia — Primary Registration District No. 5546a — Registered No. 13

City Baptist Home (No. , St. Ward)

2. FULL NAME Mrs Kathryn York

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank M York

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 20 - 1858

7. AGE: YEARS 75 — MONTHS 1 — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Barry Ill.

FATHER
13. NAME: Edmund Hay Craft
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER
15. MAIDEN NAME: Sarah Weir
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): Dr. D. J. Scott Fronton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baptist Home Cemetery DATE Mar 22 1933

19. UNDERTAKER (ADDRESS): S. O. Bond Fronton Mo.

20. FILED Mar 25 1933 R A Rasche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to March 21, 1933
I last saw her alive on Mar 21, 1933 Death is said to have occurred on the date stated above, at 10 30 pm.
The principal cause of death and related causes of importance were as follows:

Brights Disease — Date of onset

134A 132

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) E L Bamhouse, M. D.
(Address) Fronton Mo