APR 24 1933

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

Do not use this space.

12053

1. PLACE OF DEATH
103 County Stoddard — Registration District No. 834 — File No.
Township New Lisbon — Primary Registration District No. 6103 — Registered No. 22
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Joe Craig Wren
(a) Residence, No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ada Wren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-10-1882

7. AGE: YEARS 50 — MONTHS 7 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Stoddard Co. Mo.

FATHER
13. NAME: William Craig Wren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Ada Wren, Bloomfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hollis, Mo. cem. DATE: Mar 16 1933

19. UNDERTAKER (ADDRESS): J. A. Chiles & Co. Bloomfield Mo.

20. FILED: 4-10- 1933 N McKearly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-12-, 1933, to 3-15-, 1933
I last saw h[illegible] alive on 3-12-, 1933. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ascending Paralysis	1932

Other contributory causes of importance: unknown

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) S. S. Davis, M. D.
(Address) Dexter Mo

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.

Childs Undertaking Co.
Bloomfield Mo