

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

Do not use this space.

12523

1. PLACE OF DEATH  
 County Butler Registration District No. 89  
 Township Poplar Bluff Primary Registration District No. 2007  
 City Poplar Bluff (No. 514) Butler St. 4 Ward 4  
 2. FULL NAME Katie Cravers  
 (a) Residence, No. 5-14 Bartlett St. 4 Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE Wool  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Frank Cravers  
 (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1885  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 58 1 3  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Smithville Ark  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Easter Raine  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Bulah Brakers  
Poplar Bluff  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE city DATE 5/3 1933  
 19. UNDERTAKER Beverly Funeral Home  
 (ADDRESS) Poplar Bluff  
 20. FILED May 1 - 1933 W. J. Camp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

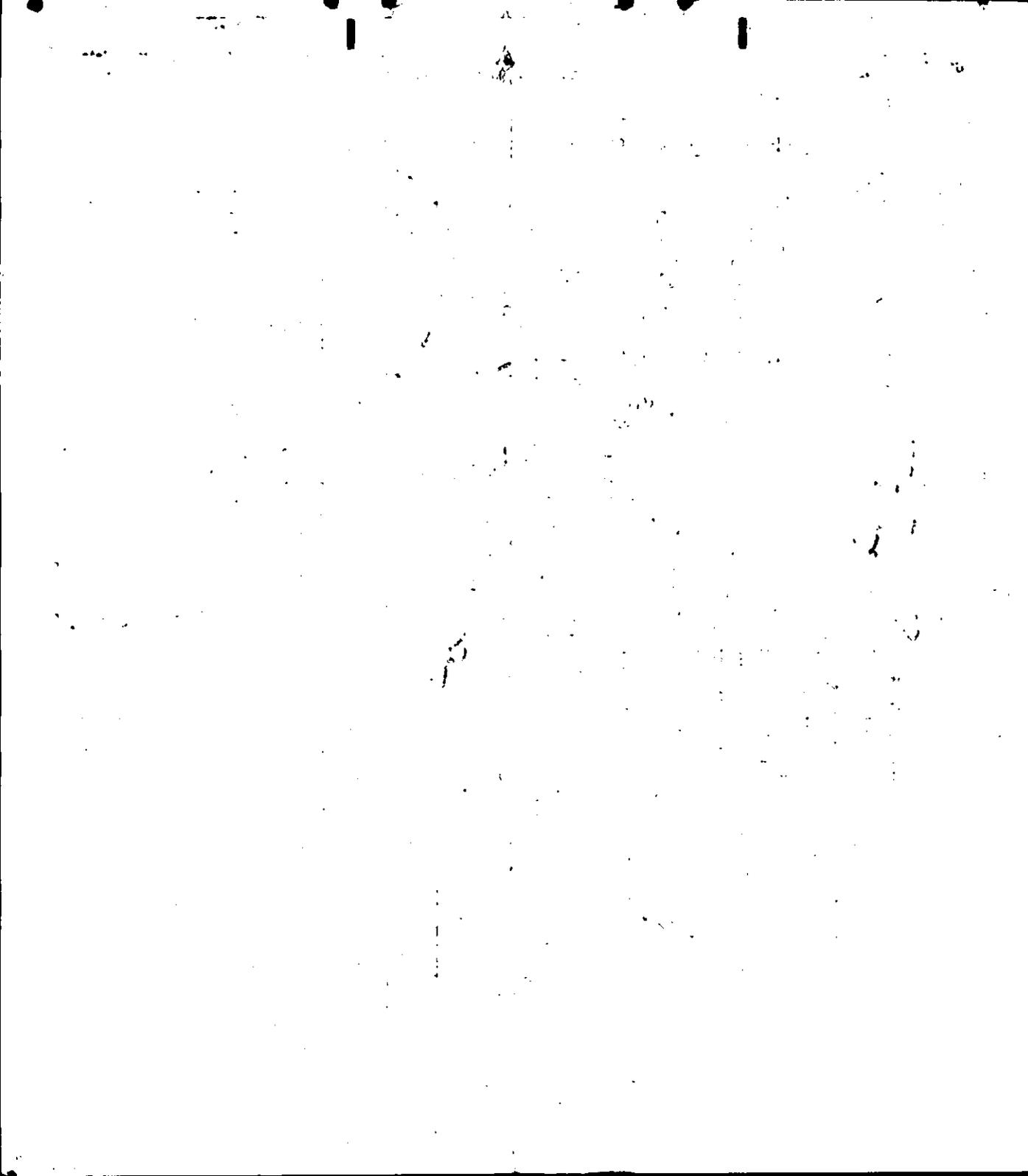
21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1933, to 4-29, 1933  
 I last saw her alive on 4-29, 1933. Death is said to have occurred on the date stated above, at 1035 F.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Date of onset  
Chronic Myocarditis 2/17/33  
Chronic Arteritis 2/17/33  
131  
930  
 Other contributory causes of importance:  
Spastic Colitis 2/17/33  
 Name of operation 121 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Camp M. D.  
 (Address) Poplar Bluff 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.

Clay  
1933

MAY 22 1933



Affidavit.

State of Missouri,

County of Butler, ss:

Beulah Brackins, of Poplar Bluff, Missouri, being first duly sworn upon her oath states that the age of Katie Gravens, deceased, given on Death Certificate dated April 29th, 1933 was given as follows: Date of Birth- March 26th, 1875, age 58 years, 1 month and 3 days, when in truth and fact should have been given as follows: Date of Birth, March 26th, 1882- age 51 years- 1 month and 3 days.

Beulah Brackins

Subscribed and sworn to before me at my office in Poplar Bluff, Missouri, this 25th day of May, 1933.

Loyle Webb

Notary Public in and  
for Butler County, Mo.

My commission expires September 16th, 1935.

