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.

SEP 26 1933

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

Do not use this space. 25853

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124 — File No.
Township ~~Byrd~~ — Primary Registration District No. 4070 — Registered No. 36
City Jackson (No. ..... St. ..... Ward)

2. FULL NAME Mary H. Cracroft
(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 F
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. C. Cracroft

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 - 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	9	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER William Tucker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Malinda McGuire
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson
(STATE OR COUNTRY) Mo.

14. INFORMANT S. C. Cracroft
(Address) Jackson Mo

15. FILED 8-17, 1933 D. G. Seiber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1933

17. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Aug 16, 1933 that I last saw her alive on Aug 16, 1933 and that death occurred, on the date stated above, at 3:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
46 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Yes-
DID AN OPERATION PRECEDE DEATH? Yes- DATE OF June 2, 1933
For gall-stones
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. W. Hays, M. D.
Aug 17, 1933 (Address) Jackson, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery — DATE OF BURIAL 8-18 1933

20. UNDERTAKER Cracroft & Miller — ADDRESS Jackson Mo

AUG 29 1957

OCT 14 1957