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 20 1934

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 29169
Township KAW — Primary Registration District No. 1002 — Registered No. [illegible]
City KANSAS CITY (No. 614- EAST- 42ND St. Ward)

2. FULL NAME HORATIO T CRAVEN
(a) Residence, No. 614- EAST- 42ND St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. ANNA B. CRAVEN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC- 10- 1852
7. AGE: YEARS 81 — MONTHS 7 — DAYS 22 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INSURANCE AGENT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PHOENIX MUTUAL
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME SAMUEL CRAVEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER
15. MAIDEN NAME UNKNOWN TREUDLE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT MRS. ANNA B. CRAVEN
(ADDRESS) 614- EAST- 42ND ST.
18. BURIAL, CREMATION, OR REMOVAL
PLACE MT WASHINGTON DATE AUGUST-3 1934
19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111- EAST- 9TH ST.
20. FILED 8/2 1934 M. M. Crowe asst Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST- 1 1934
22. I HEREBY CERTIFY, That I attended deceased from 7- 6- 34, 19..., to 7- 31 -, 1934
I last saw him alive on 7- 31 -, 1934. Death is said to have occurred on the date stated above, at 9:15A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia abt (Bronchial) | 7-10-34 |
| 93C | |
| 107A 93C | |

Other contributory causes of importance: Myocarditis Chronic

Name of operation — Date of —
What test confirmed diagnosis? Clinical Findings 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) [signature] M. D.
(Address) 818 Professional Bldg K.C. Mo

Dr. T. M. [illegible]
818 - Professional Bldg
10 - 4