

NOV 16 1934

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

Do not use this space.

35112

1. PLACE OF DEATH

County Andrew Registration District No. 13
Township _____ Primary Registration District No. 4010
City Savannah (No. Dr. Nichols Sanitorium) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Frank Harry Cramer

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

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Louise Cramer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15, 1876</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>5</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>October 1928</u>	
11. Total time (years) spent in this occupation <u>22</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mount Joy, Pennsylvania</u>		
FATHER	13. NAME <u>Daniel Cramer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Frank H. Cramer, Dixon, Illinois</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memdota, Ill.</u> DATE <u>Oct. 28, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Frank A. Bowman, Savannah, Missouri</u>		
20. FILED <u>10-26, 1934</u> <u>Wm A R King</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1934, to Oct 26, 1934
I last saw him alive on Oct 26, 1934 Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:
acute Regurgitation (Date of onset) 1926
53 E
92 A
53 M

Other contributory causes of importance:
Sarcoma on Right shoulder 1932
Melasma on Right axilla

Name of operation Removal of growth Date of Oct 4, 1934
What test confirmed diagnosis? Physiologic were 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) D. E. Muthery, M. D.
(Address) Savannah, Mo

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.

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