

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.

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

Do not use this space.

JAN 15 1935

42223

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125-

Township

Primary Registration District No. 3009

City Cape Girardeau (No. St. Francis Hospital)

File No. _____

Registered No. 279

St. _____ Ward _____

2. FULL NAME Mary Margaret Cracraft

(a) Residence, No. _____ St. _____ Ward. Jackson, Mo.
(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 <u>Female</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>John Cracraft</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 22, 1893</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>3</u>
	DAYS <u>1</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>bookkeeper</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Jackson Mo.</u>		
FATHER	13. NAME <u>James Monroe Statter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Jackson Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Howard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Jackson Mo.</u>	
17. INFORMANT (ADDRESS) <u>John Cracraft Jackson, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Francis Hospital Sec 125</u>	DATE <u>1935</u>	
19. UNDERTAKER (ADDRESS) <u>Cracraft Miller Jackson, Mo.</u>		
20. FILED <u>12-22-34</u>	<u>J. M. Thompson</u> Registrar.	

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1934, to Dec 22, 1934
I last saw him alive on Dec 22, 1934 Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis — Date of onset Probably about 8/1931
hypertension
atherosclerosis
Other contributory causes of importance:
Chronic nephritis
arteriosclerosis

Name of operation gall bladder removed Date of Dec 19
What test confirmed diagnosis? Microscopic Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) W. J. Gilbert M.D.
(Address) Jackson, Mo.

