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.

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

MAR 27 1935

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 528 — File No. 2021
Township ~~Callao~~ — Primary Registration District No. 4314 — Registered No.
City Callao (No. ..... St. ..... Ward)

2. FULL NAME Elmer Ellsworth Cramer

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 9 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~~ Mary J. Cramer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31-1861

7. AGE — YEARS 73 — MONTHS 11 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce
10. Date deceased last worked at this occupation (month and year) Aug 1931
11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendon Ill

FATHER
13. NAME Henry P. Cramer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Jane Dean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) C. E. Tenney Callao Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Shelbina, Mo. DATE Jan. 28, 1935

19. UNDERTAKER (ADDRESS) G. A. Perry Callao, Mo.

20. FILED Jan 27, 1935 H. L. Bakes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1935, to Jan. 27, 1935
I last saw him alive on Jan 1, 1935. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Chron. Myocarditis — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of
What test confirmed diagnosis? Phy Exam. 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?
If so, specify
(Signed) W. Wirtch, M. D.
(Address) Callao Mo.