

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

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

Do not use this space.

5591

MAR 20 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1302
 City Kansas City (No. 1827 East 67th St Terrace) St. _____ Ward _____

File No. _____
 Registered No. 036
 St. _____ Ward _____

2. FULL NAME Richard Craft

(a) Residence, No. 1827 East 67th Terrace 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 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 <u>Mrs. Marie Craft</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 21, 1891</u>		
7. AGE	YEARS	MONTHS
	<u>43</u>	<u>6</u>
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Store</u>		
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago Ill</u>		
13. NAME <u>No record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
15. MAIDEN NAME <u>No record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT <u>Mrs. Marie Craft</u> (ADDRESS) <u>1827 East 67th St Terrace</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>27/1/35</u> 19__		
19. UNDERTAKER <u>Quirk & Tobin Co.</u> (ADDRESS) <u>20 West Linwood</u>		
20. FILED <u>7/26</u> 19__ <u>35 M. M. Kerowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1935 19__

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1935, to Feb 25 1935.
 I last saw him alive on Feb 12 1935. Death is said to have occurred on the date stated above, at 12:20 A M.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
with Hypertension
 Date of onset 1924

Other contributory causes of importance:
12/1

Name of operation _____ Date of _____
 What test confirmed diagnosis? Ex. found 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) Wilbur A. Baker, M. D.
 (Address) 1030 Maple Ridge K.C. Mo

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