

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.

MAY 27 1935

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

Do not use this space.

12641

1. PLACE OF DEATH

County Nichols Registration District No. 365
Township Wheatland Primary Registration District No. 5511
City Wheatland (No.) St. Ward)

File No. 3
Registered No.

2. FULL NAME

Wm Francis Crates

(a) Residence, No. St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cordia Crates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-15-1862</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>6</u>	DAYS <u>22</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>Druggist</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>Boonville Mo</u>		
FATHER	13. NAME <u>Joseph Crates</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER	15. MAIDEN NAME <u>Mary B. Bradley</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>John Crates</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Summer Cem.</u> DATE <u>Apr-9-1935</u>		
19. UNDERTAKER (ADDRESS) <u>J. R. Luckey Wheatland Mo</u>		
20. FILED <u>4/8</u> 19 <u>35</u> <u>Wm A. S. Johnston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-7-1935

22. I HEREBY CERTIFY, That I attended deceased from April 1-1935 to April 7-1935
I last saw him alive on April 6-1935. Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart
Date of onset 4-1-35

Other contributory causes of importance:
None

Name of operation

What test confirmed diagnosis? Physical. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

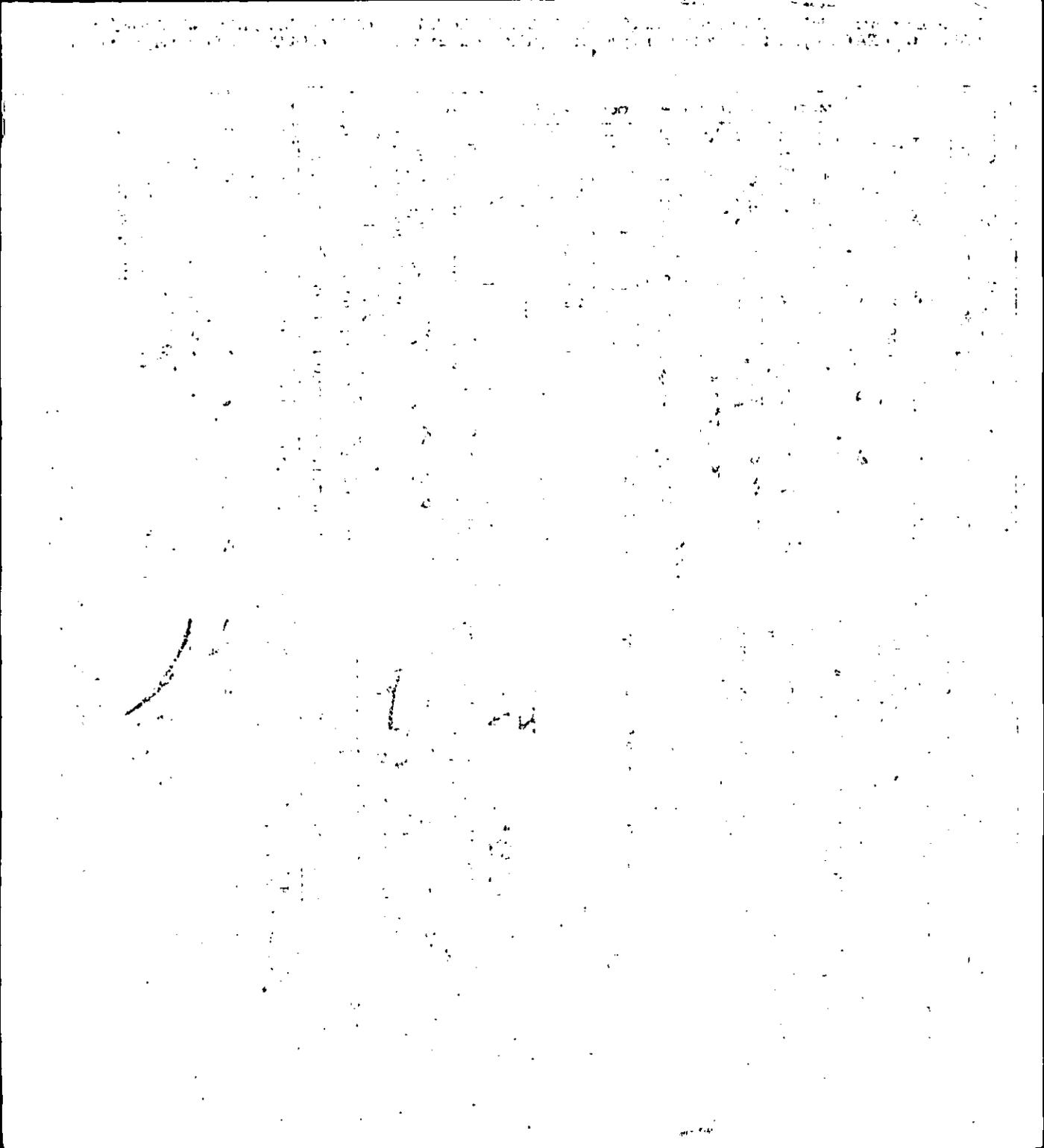
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) A. S. Johnston, M. D.
(Address) Wheatland Mo



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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 365
Township Wheatland Primary Registration District No. 5-5-11
City St. Louis (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

John Francis Crater

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 7 1935, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to _____, 19.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him alive on _____, 19. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows: Arterio dilatation of heart Date of onset: _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

Chronic Myocarditis

Other contributory causes of importance: _____

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

13. NAME

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____, 19

Nature of injury _____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 7-26 1935 Mrs. A. S. Johnston Registrar

If so, specify _____

(Signed) _____, M. D.

(Address) _____

122 A. S. J.

Exact statement of OCCUPATION is very important.

JUN 14 1935

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