

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.

1935

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

Do not use this space.

18659

1. PLACE OF DEATH

County Scottland
Township
City Arbela (No.)

Registration District No. 812
Primary Registration District No. 4436

File No.
Registered No.
St. Ward)

2. FULL NAME

Catharine L. Cravens

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Bramwell Cravens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15 - 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 4 23

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. Housekeeping
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) Ohio

13. NAME James Coe

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

15. MAIDEN NAME

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

17. INFORMANT Mr. Frank Cravens (ADDRESS) Arbela Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nickony Grove DATE May 9, 1935

19. UNDERTAKER Letting's Undert. (ADDRESS) Arbela Mo.

20. FILED 5/9 1935 OTM Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/5 1935, to 5/5 1935
I last saw him alive on 5/5 1935 Death is said

to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: Hypertension

Name of operating physician Date of operation
What test confirmed diagnosis 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) OTM Baker M. D.
(Address) Arbela Mo.

