

FEB 10 1936

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

Do not use this space.

4118

1. PLACE OF DEATH

County Saline Registration District No. 796
Township Franklin Primary Registration District No. 3038
City Marshall Mo (No. Fitzgibbon Hsp.) St. _____ Ward _____

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. St. Louis Missouri
(Usual place of abode)
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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 8, 1907</u>		
7. AGE	YEARS	MONTHS
	<u>29</u>	<u>00</u>
		DAYS
		<u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Brown Shoe Co.</u>		
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>St. Louis, Mo.</u>		
13. NAME <u>John Craven</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>E. St. Louis Ill</u>		
15. MAIDEN NAME <u>Kate O'Leary</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tipton Ill</u>		
17. INFORMANT (ADDRESS) <u>Robert O'Leary E. St. Louis, Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>E. St. Louis, Ill.</u> DATE <u>Jan. 29, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Short & M. Mary Marshall, Prof</u>		
20. FILED <u>Jan. 27, 1936</u> <u>Robert Norton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1936

22. I HEREBY CERTIFY that I attended deceased from investigated, to Jan. 27, 1936
I last saw him alive on, 19 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:
Shock + Hemorrhage
Automobile accident
Date of onset _____

Other contributory causes of importance:
NO

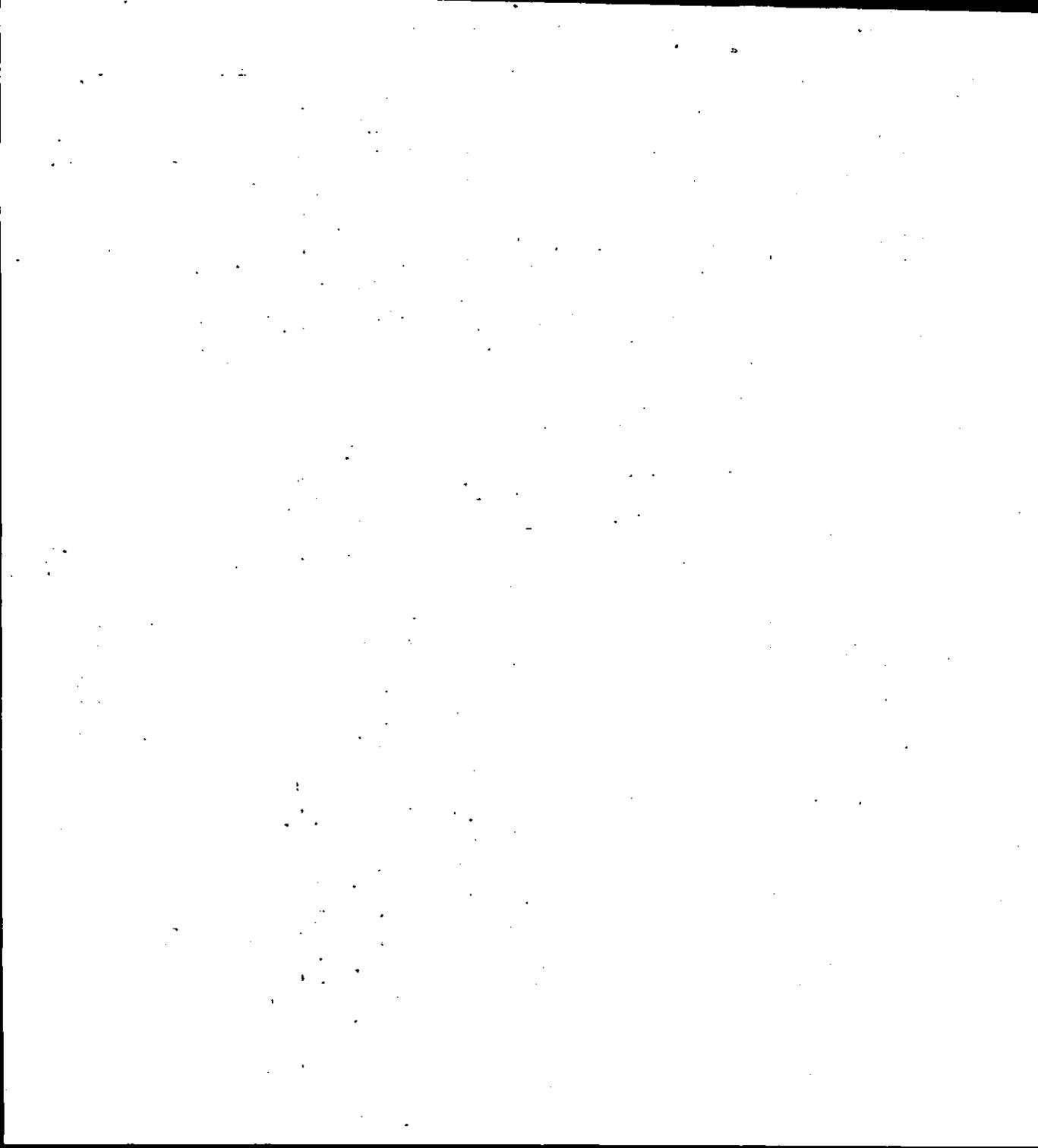
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 1-27, 1936
Where did injury occur? Highway 40 near Poplarville, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. L. Lawless M. D.
(Address) Marshall Mo.

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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1. PLACE OF DEATH

County Saline

Registration District No. 1796

File No.

Township

Primary Registration District No. 3038

Registered No.

City Marshall Mo.

St. Ward)

2. FULL NAME

Catherine Mary Craven

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Use the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1936

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 alive on, 19.... Death is said to have occurred on the date stated above, at

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 0 16

The principal cause of death and related causes of importance were as follows:

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

Shoemaker, Hemorrhage automobile accident

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Deceased was a passenger of car.

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

Other contributory causes of importance:

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED May 18 1936 Helene Weston Deputy Registrar

Name of operation Date of

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) C. L. Lawless Co. M-D (Address) Marshall Mo.

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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