

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.

JUL 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County BellingerRegistration District No. 66File No. 18512Township TradePrimary Registration District No. 66-10Registered No. 18512City St. Louis(No. 1)St. 1Ward 1

2. FULL NAME

Samuel Francis Crader(a) Residence, No. 1St. 1Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 75mos. 1ds. 14

How long in U.S., if of foreign birth?

yrs. 75mos. 1ds. 14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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

Sarah E. Crader

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

Mar 27, 1861

7. AGE

YEARS 75MONTHS 1DAYS 14

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

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)

Bellinger County Mo.

FATHER

13. NAME

Samuel Crader

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

unknown

MOTHER

15. MAIDEN NAME

unknown

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

unknown

17. INFORMANT (ADDRESS)

Floyd Crader
Burlington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crader Cemetery DATE May 11, 1936

19. UNDERTAKER (ADDRESS)

Wm. Wilson Howard
Jackson, Mo.

20. FILED

6/11, 1936 J. J. Chandler

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

4-25, 1936, to 5-10, 1936I last saw him alive on 4-9, 1936 Death is saidto have occurred on the date stated above, at 2:30 p.m.

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

Coronary ThrombosisDate of onset 5-8-36

Other contributory causes of importance

Chronic Myocarditis2-3, 36

Name of operation

Date of

What test confirmed diagnosis?

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? yes

If so, specify

(Signed)

O. R. Drabough, M. D.

(Address)

Jackson Mo.

