

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 18 1936

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

Do not use this space.

22405

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 78
St. Ward)

2. FULL NAME

Charles Cramer

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

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>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie Cramer</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27-1897</u> | | |
| 7. AGE YEARS <u>39</u> | MONTHS <u>4</u> | DAYS <u>25</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</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) <u>June 20th 1936</u> | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blackwater MO</u> | | |
| 13. NAME <u>John Cramer</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co MO</u> | | |
| 15. MAIDEN NAME <u>Sarah Stout</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Idvd -</u> | | |
| 17. INFORMANT (ADDRESS) <u>Sam Johnson Boonville, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Lamine</u> DATE <u>June 22 1936</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Goodman & Baker Boonville, Mo</u> | | |
| 20. FILED <u>June 23 1936</u> <u>D. Cooper</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 21 1936, to June 21 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:
By being struck by Mo Pac freight train Skull fractured Left leg severed below knee
Other contributory causes of importance:
None
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? Accident (Date of injury June 21 1936)
Where did injury occur? Boonville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Mo Pac right of way.
Manner of injury hit by train while walking
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Dr. R. K. Anderson M. D.
(Address) Boonville Mo.

Coroner Cooper Co.

