

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

Do not use this space.

29535

1. PLACE OF DEATH

County Stoddard
 Township Liberty
 City (No.) Mary Jane Craft

Registration District No. 936
 Primary Registration District No. 6099 a

File No. 41
 Registered No. 41
 St. Ward)

2. FULL NAME

(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 Female 4. COLOR OF RACE White 5. Single, MARRIED, WIDOWED, OR DIVORCED Married
 (Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-17th 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 1 26

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.
Housewife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County Mo

FATHER 13. NAME John Hays

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

MOTHER 15. MAIDEN NAME Hamm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

17. INFORMANT (ADDRESS) Scott Craft - Madison, Mo. H.V.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem DATE 7-14-36

19. UNDERTAKER (ADDRESS) Rev. James J. Dumas - 212 West 11th St.

20. FILED July 13, 1936 Wilorence Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-30-1936, to 7-13-1936

I last saw her alive on 7-11-1936. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Carcinoma of the Breast 50

Other contributory causes of importance:

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) Dawson Ryan, M. D.

(Address) Butler, Mo.

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.

RECORD WITH CHANGING THIS IS A PERMANENT RECORD

