

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

Do not use this space.

31948

SEP 28 1936

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township Sedalia Primary Registration District No. 3032
 City Sedalia (No. _____) St. _____ Ward _____

File No. 257
 Registered No. 668

2. FULL NAME Mrs. Stella Frances Cramer
 (a) Residence, No. 920 South Marshall St. Ward _____
 (Usual place of abode) Sedalia, Mo. (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 OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. F. Cramer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/29/1880
 7. AGE YEARS 56 MONTHS 6 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Florence, Mo.

FATHER
 13. NAME James Mitchell

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

MOTHER
 15. MAIDEN NAME Abbey Wheeler

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

17. INFORMANT (ADDRESS) B. F. Cramer Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton DATE 8/25/'36

19. UNDERTAKER (ADDRESS) Ewing Funeral Home Sedalia, Mo.

20. FILED 8/25 1936 Stan Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1936, to Aug. 24, 1936
 I last saw her alive on Aug. 22, 1936 Death is said to have occurred on the date stated above, at 12 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset _____

Other contributory causes of importance:
Cardiac Dilatation

Name of operation None Date of _____
 What test confirmed diagnosis? Lab. 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? NO
 If so, specify _____

(Signed) W. H. Wheeler, M. D.
 (Address) Sedalia, 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.

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