FEB 17 1937

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

Do not use this space. 1492

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City, Mo. (No. 412 Ewing Ave., K. C. Mo. 2 St. Ward)

2. FULL NAME Albert D. McCraw

(a) Residence, No. 412 Ewing Ave., St., Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie McCraw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/12/1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
40	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker 53

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

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) Mo.

FATHER

13. NAME Sam McCraw

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

MOTHER

15. MAIDEN NAME Abby Huntree

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

17. INFORMANT (ADDRESS) Mrs. Jessie McCraw 412 Ewing Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Adrain, Mo. DATE 1/19/1937

19. UNDERTAKER (ADDRESS) Sheil Funeral Home, 6606 Inden. Ave.

20. FILED Jan 18 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937, to Jan. 17, 1937. I last saw him alive on Jan-16, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Bronchopneumonia — Date of onset 1-5-37

1070

Other contributory causes of importance: Myo-Curditis or Heart blue

Name of operation — Date of —

What test confirmed diagnosis? Clinical — 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?

If so, specify

(Signed) [illegible] W. Martin, M. D.

(Address) 1800 Hunter Rd K C Mo

WRITE PLAINLY

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.

100M-11-24-33