

JUN 17 1937

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

Do not use this space.

19665

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township 1

Primary Registration District No. 3009

City 1

(No. 1)

St. 1

Ward 1

2. FULL NAME Bernard G Kraft

(a) Residence, No. 1

St. 1

Ward 1

(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

Male

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

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

March 11 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

68

1

25

OCCUPATION

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

Grocery Store

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)

Cape Girardeau Missouri

13. NAME

Adam Kraft

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

Germany

15. MAIDEN NAME

Elibeth Huhn

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

Unknown

17. INFORMANT (ADDRESS)

Mrs. B. G. Kraft Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Lorimor Cemetery May 8 1937

19. UNDERTAKER (ADDRESS)

Brinkopf Howell Cape Girardeau Mo.

20. FILED

5-6 27 pm Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-15 37 to 5-6 37, 1937

I last saw him 107 alive on 5-4 37, 1937. Death is said

to have occurred on the date stated above, at 9:30 P.M.

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

Date of onset

Nephritis Ch

Other contributory causes of importance:

valvular DIS

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 _____, 1937

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) W. H. Smith, M. D.

(Address) Cape Girardeau

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

