

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.

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

Do not use this space.

30443

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishers Primary Registration District No. 3611
City Excelsior Springs No. _____ St. _____ Ward _____

File No. 112
Registered No. _____

2. FULL NAME Maybelle Richardson Craven

(a) Residence, No. 228 Francis 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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4-1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 0 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Yates Center Mo

13. NAME John W. Richardson

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

15. MAIDEN NAME Clara Belle Woodruff

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

17. INFORMANT (ADDRESS) Walter A. Craven Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs DATE Aug 20 1937

19. UNDERTAKER (ADDRESS) Claude Richard Excelsior Springs Mo

20. FILED 9/20/37 19 Rosetta M. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 6/29 - 1937, to 8-18 - 1937

I last saw him alive on 8-18-37. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of breast following my operation Date of onset 6-1936

Other contributory causes of importance: do not know

Name of operation Incision of breast removed Date of 7-16-1937
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? no 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. no

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) H. J. Clark M. D.
(Address) 246 E. 13th Ave, Excelsior Springs Mo

