

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.

1. PLACE OF DEATH
DEC 20 1937

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. 3329 Troost Avenue, K.C. Mo.) St. Mo. Ward 1

File No. 248197
Registered No. 4511

2. FULL NAME Graham Hugh Cravens
(a) Residence, No. Blue Springs, Mo. St. Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8th, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugenia Craven

22. I HEREBY CERTIFY, That I attended deceased from Amory, 1937, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22nd, 1869

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....12.50 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
2 68 4 16

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

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

Amory Craven
Acute Myocardial Infarction
93c

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Other contributory causes of importance:
W

13. NAME Thomas Craven

Name of operation..... Date.....
What test confirmed diagnosis..... Was there an autopsy.....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide..... Date of injury....., 19.....

15. MAIDEN NAME Elizabeth Huston

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO Record.

Manner of injury.....
Nature of injury.....

17. INFORMANT Miller Craven
(ADDRESS) 1017 Central Kansas City, Mo.

24. Was disease or condition directly related to occupation of deceased?.....
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington, DATE Nov. 10-1937

19. UNDERTAKER Mrs. C.L. Forster
(ADDRESS) Kansas City, Mo.

20. FILED Nov 9 1937 M.M. Brown
Registrar.

(Signed) [Signature], M. D.
(Address) [Address]

