JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Platte
Township:
City: Weston (No. ... St. ... Ward)

Registration District No. 648
Primary Registration District No. 4420

File No. 46404
Registered No.

2. FULL NAME: Harry Olmon Cramer

(a) Residence, No. ... 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: 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: Florence Cramer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14 1880

7. AGE: Years 57 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drugs
10. Date deceased last worked at this occupation (month and year): Dec 18 37
11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fulton Mich

FATHER
13. NAME: Samuel Cramer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Louisa Hayward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Florence Cramer Weston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: R.C. Mo DATE: Dec 21 37

19. UNDERTAKER (ADDRESS): J.H. Bell Weston Mo

20. FILED: 12/18 1937 J.H. Bell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1937, to Dec. 18, 1937
I last saw him alive on Dec. 18, 1937. Death is said to have occurred on the date stated above, at 11:[illegible] P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis, with Occlusion, terminal cause, Pulmonary edema,	

Other contributory causes of importance:
Hypertension, O.P.C.

Name of operation: none Date of: –
What test confirmed diagnosis? – 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: – , 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) Cephas G. Jennings M.D.
(Address) 415 main, Weston Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.