REC'D MAR 21 1938

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

Do not use this space.

File No. 7387

Registered No. 55

1. PLACE OF DEATH

County Marion

Township ~~Miller~~ Mason

City Hannibal (No. (Levering Hosp.) St. Ward)

Registration District No. 547

Primary Registration District No. 3079

2. FULL NAME Charles Elsworth Cramlet 654

(a) Residence, No. 3II Bird St. 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: 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: Nettie Cramle t

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 26, 1869

7. AGE: Years 68 | Months 5 | Days I4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Schille r Ill.

FATHER

13. NAME: Ike Cramlet

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs Nettie Cramlet Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cem. DATE Feb. I3, 1938

19. UNDERTAKER (ADDRESS): Smiths' Funeral Home Hannibal, Mo.

20. FILED 7/5 1938 W C Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. I0, I938

22. I HEREBY CERTIFY, that I attended deceased from Sept 1 1937 to Feb 10 1938

I last saw him alive on Feb 10 1938. Death is said to have occurred on the date stated above, at 7:I5 P.M.

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

Myocarditis about July 1937 — Date of onset

Other contributory causes of importance: 20 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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 June 1, 1937

Where did injury occur? Hannibal, Marion Co. Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Fireman crossing watchman and truck

Nature of injury Fractured Hip injury

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify See Ins No 233

(Signed) E. R. Motley, M. D.

(Address) Hannibal, Mo.

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.