

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

Do not use this space.

REC'D AUG 26 1938

26092

1. PLACE OF DEATH

County Oregon Registration District No. 639
 Township Benton Primary Registration District No. 4383
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Wm Cramer
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF: Widowed
 (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1938, to Aug 2, 1938

I last saw him alive on Aug 3rd, 1938. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis Date of onset _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-31-1856
 7. AGE YEARS 86 MONTHS 7 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. retired Farmer
 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 _____

Other contributory causes of importance: 116 lb

12. BIRTHPLACE (CITY OR TOWN) Ray MO
 (STATE OR COUNTRY) barrenade

MOTHER / FATHER 13. NAME Ernest Cramer

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

15. MAIDEN NAME Mary B Beine

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

17. INFORMANT E d Cramer
 (ADDRESS) Chamais mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedensberg DATE 8-5-38

19. UNDERTAKER Arnold Hammett
 (ADDRESS) masson mo

20. FILED 8-3 1938 Eather Under
 Registrar.

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 _____, 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? _____
 If so, specify _____
 (Signed) md Stanley M. D.
 (Address) Chamais mo

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