

DEC 27 1937

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

Do not use this space.

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## 1. PLACE OF DEATH

County Ray  
Township  
City Richmond mo. (No. .... St. .... Ward)Registration District No. 744  
Primary Registration District No. 3035File No. 42277  
Registered No. 9A2. FULL NAME Emma Craven(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josh. Craven6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 - 18697. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
68 1 78. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. House Duties

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) Candon (STATE OR COUNTRY) Mo13. NAME James Tharp14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) Not Known15. MAIDEN NAME Catie Thamar16. BIRTHPLACE (CITY OR TOWN) Candon (STATE OR COUNTRY) Mo17. INFORMANT Mrs. Archie Odell (ADDRESS) Richmond Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE Nov. 28 193719. UNDERTAKER E. Thurman (ADDRESS) Richmond Mo20. FILED 12/10 1937 Mary B. Mc Donald Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to Nov. 26, 1937I last saw h. or alive on Nov. 26, 1937. Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Cerebra Pectoris Date of onset not

Other contributory causes of importance:

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

What test confirmed diagnosis Cerebra Was there an autopsy? no

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? no

If so, specify .....

(Signed) D. W. Gainer, M. D.(Address) Richmond, 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.

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WHITE PLAINLY, WITH UNFADING INK—THIS IS A PENWRENCH-MADE FORM

