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

Do not use this space.

25567

1. PLACE OF DEATH
County Ray
Township
City Richmond (No. St. Ward)

Registration District No. 744
Primary Registration District No. 3035.

File No.
Registered No. 64.

2. FULL NAME Joel Craven
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER Barnabas Craven
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER — Watkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) North Carolina

14. INFORMANT Mrs Ollie Craven
(Address) Richmond Mo

15. Filed July 18 1929 C. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15 1929, to July 18 1929, that I last saw h[illegible] alive on July 15 1929, and that death occurred, on the date stated above, at 9-30-P- m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brights Disease
Chronic Nephritis
1921 (duration) 8 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
Uremia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Regular

(Signed) L. D. Green, M. D.
July 18, 1929 (Address) Richmond Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Kincade Cemetery	July 19 1929

20. UNDERTAKER E. Thurman
ADDRESS Richmond Mo