

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

Do not use this space.

25561

**1. PLACE OF DEATH**

County Ray Registration District No. 743 File No. 1  
 Township Fishing Run Primary Registration District No. 59770 Registered No. 6  
 City Ray St. 6237 Ward

**2. FULL NAME**

Mary Francis 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 76 yrs. 1 mo. 26 ds. How long in U.S., if of foreign birth? yrs. mo. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. B. Craven

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 - 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
76 - 1 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) none  
 (c) Name of employer none

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ray Co. Mo

**10. NAME OF FATHER**

David Thompson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**12. MAIDEN NAME OF MOTHER**

Don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**14.**

INFORMANT Albert Craven  
 (Address) Rayville Mo.

**15.**

FILED July 10, 1929 Edwin Shouse REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-1-29

17. I HEREBY CERTIFY That I attended deceased from June 1 to July 1, 1929 that I last saw her alive on June 28, 1929, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Septicemia from old chronic cystitis  
135 B

3 1/2 (duration) yrs. 1 mo.          ds.  
 CONTRIBUTORY chronic cystitis (SECONDARY) subot (duration) yrs. mo. ds.

18. WHERE WAS DISEASE CONTRACTED 135 B  
 IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH? no DATE OF         

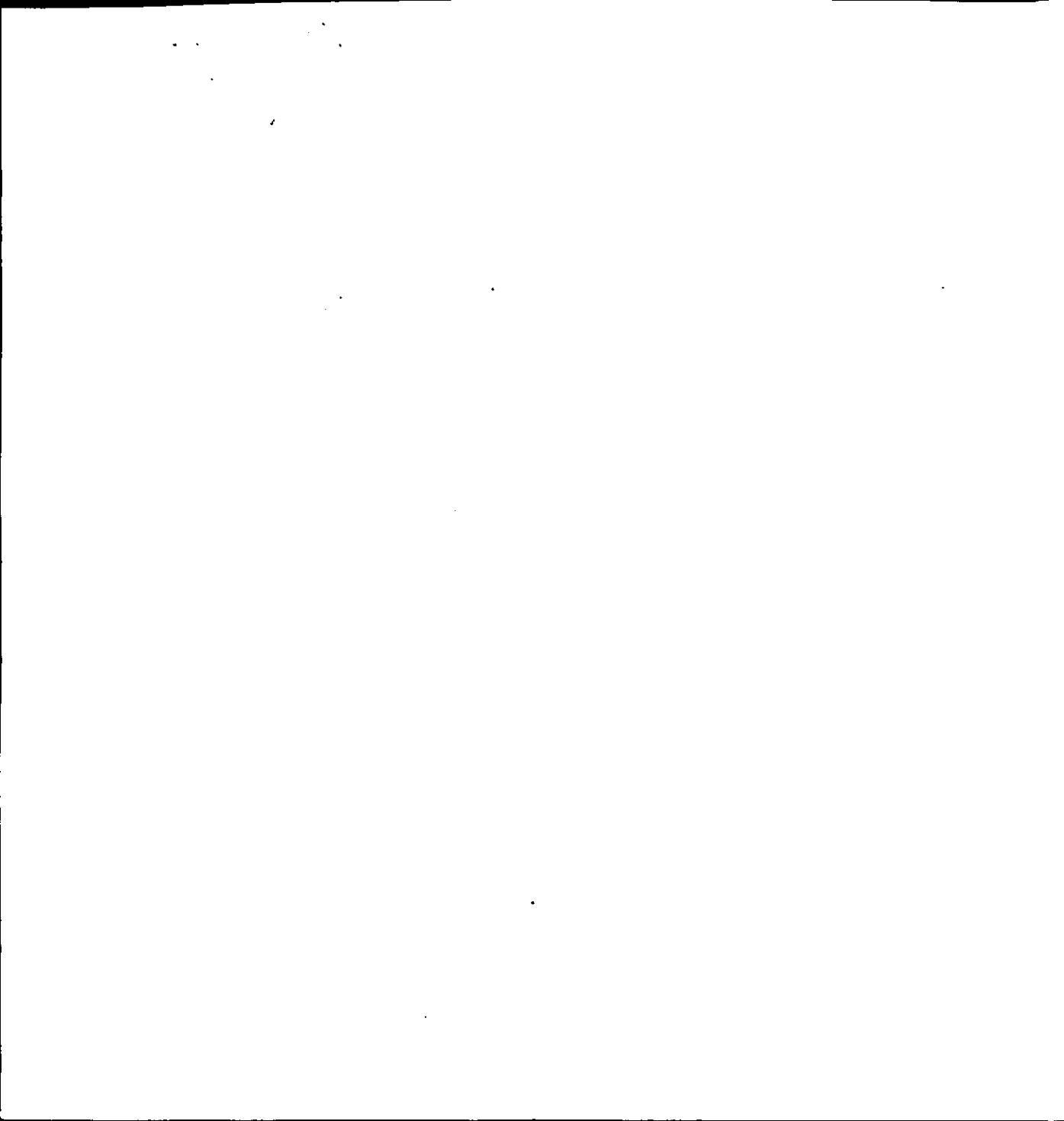
\*WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chymal  
 (Signed) J. D. Craven, M. D.  
 , 19          (Address) Ray Co. 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 Rayville Mo. DATE OF BURIAL 7-2-29

20. UNDERTAKER Robert Hope by Spring ADDRESS



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Ray Registration District No. 443 File No. 1  
 Township Washington River Primary Registration District No. 6237 Registered No. 22  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Francis 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 76 yrs. 1 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** W  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** M. B. Craven

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) May 5-1853

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
76 1 26

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) none  
 (c) Name of employer none

**9. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

**10. NAME OF FATHER** David Thompson

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) (STATE OR COUNTRY) don't know

**12. MAIDEN NAME OF MOTHER** don't know

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) (STATE OR COUNTRY) don't know

**14. INFORMANT** Albert Craven  
 (Address) Rayville Mo

**15. FILED** Apr 7 1929 L. E. Eves REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) July 1 1929

**17. I HEREBY CERTIFY** That I attended deceased from June 1 1929 to July 1 1929  
 that I last saw h. or a. alive on June 27 1929, and that death occurred, on the date stated above, at 1:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Septicemia from old Chronic Cystitis

**CONTRIBUTORY (SECONDARY)** Chronic Cystitis  
 (duration) several yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....

**DID AN OPERATION PRECEDE DEATH** No DATE OF.....  
**WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS** Clinical  
 (Signed) Y. D. Craven M. D.  
 , 19 July (Address) Excelsior Spgs 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** Salem **DATE OF BURIAL** 7-2 1929

**20. UNDERTAKER** Herbert Hope **ADDRESS** Ex. Springs

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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