

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

Do not use this space.

6931

1. PLACE OF DEATH

County Way
Township Grape Grove
City Richmond, Mo. (No. 8)

Registration District No. 914
Primary Registration District No. 6233-

File No. 7
Registered No. 7
St. Ward

2. FULL NAME

Rebecca C. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. 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 Elkanah Craven

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1859

7. AGE YEARS 74 MONTHS DAYS 17 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Ala (STATE OR COUNTRY)

13. NAME Albert W. Cato

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

15. MAIDEN NAME Sabrina Booker

16. BIRTHPLACE (CITY OR TOWN) Ala (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) E. W. Craven

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope Co. DATE Feb 27, 1933

19. UNDERTAKER (ADDRESS) Geo. W. Kuthochel

20. FILED Feb 26, 1933 W. E. Gant Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 - 12³⁰ 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1933, to 12³⁰ A.M., 1933

I last saw him alive on Feb. 24 - 2³⁰ 1933. Death is said to have occurred on the date stated above, at 12³⁰ A.M.

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

Heart Block
came after a clear day
to Wichita and
followed by (nitral)
valvular lesion
Other contributory causes of importance: Senility

Name of operation Ant any 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? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

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

Manner of injury X
Nature of injury

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

If so, specify X

(Signed) E. W. Craven M. D.
(Address) Richmond, Mo.

