

JUL 26 1935

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

Do not use this space.

20784

1. PLACE OF DEATH

County Richmond  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 62 St. .... Ward)

2. FULL NAME Thomas Craven

(a) Residence, No. Co. Homes 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25 1865</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>-</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.		<u>Retail Farmer</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>-</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fayette Co. Mo</u>		
13. NAME <u>Geo. W. Craven</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Phillis Hardwick</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Mrs. Jean Stanley</u> (ADDRESS) <u>Richmond Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond Mo</u> DATE <u>6/27/35</u> 19 <u>35</u>		
19. UNDERTAKER <u>E. E. Gayer</u> (ADDRESS) <u>Richmond Mo</u>		
20. FILED <u>7-9</u> 19 <u>35</u> <u>E. E. Gayer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/35 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1935 to 6-25 1935  
I last saw him alive on 6-25 1935 Death is said to have occurred on the date stated above, at 11:50 P.M.  
The principal cause of death and related causes of importance were as follows:  
Parasitosis  
Luetic  
Other contributory causes of importance  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Smear 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) E. E. Gayer, M. D.  
(Address) Richmond Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

