

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

Do not use this space.

2349

**1. PLACE OF DEATH**

County..... Ray Co Mo  
Township..... Cauden  
City..... Cauden (No. .... St. .... Ward)

Registration District No. 739  
Primary Registration District No. H 441

File No.....  
Registered No.....

**2. FULL NAME**

Weston Peine Cravens

(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. da. 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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Liza Cravens</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-8-1955</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>74</u>	<u>10</u>	<u>23</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... Miner

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

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

**PARENTS**

10. NAME OF FATHER Jim Cravens

11. BIRTHPLACE OF FATHER (CITY OR TOWN)  
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Merina Serey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
(STATE OR COUNTRY) Ray Co Mo

**14. INFORMANT** Mrs Liza Cravens  
(Address) Cauden Mo

**15. FILED** Feb 7 1930 W. H. Burgess  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) - 1 - 31 1930

**17. I HEREBY CERTIFY**, That I attended deceased from Aug 1929, to Jan 31 1930, and that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at 9500 dock h m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
In toto of M Nephritis  
131  
82D

(duration) ..... yrs. .... mos. .... da.  
**CONTRIBUTORY (SECONDARY)** Paralytic Left Side  
(duration) ..... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH..... 129a

DID AN OPERATION PRECED DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Geo. S. Pennington M. D.  
No. 1930 (Address) Cauden 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** Cravens Cemetery **DATE OF BURIAL** 2-2 1930

**20. UNDERTAKER** C. W. Gibson **ADDRESS** Ornick 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. **WRITE PLAINLY WITH ONE-READING INK—THIS IS A PERMANENT RECORD**

