

SEP 16 1935

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

Do not use this space.

25825

1. PLACE OF DEATH

County Cape Girardeau, Registration District No. 130Township Liberty, Primary Registration District No. 5181

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Francis Marion Craft, near Crump Mo. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Lillie Craft6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-20-18757. AGE YEARS 59 MONTHS 9 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At. Parmer
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation Life time12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co13. NAME Henry Craft14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Susan Bishop16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Raymond Craft18. BURIAL CREMATION OR REMOVAL PLACE Burial New Bethel DATE Aug 29 193519. UNDERTAKER (ADDRESS) Cape Girardeau20. FILED 9-17-35 J. M. Diney

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1935I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Aug 28, 1935I last saw him alive on Aug 27, 1935. Death is said to have occurred on the date stated above at 1:45 p.m.

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

Apoplexia Date of onset _____Other contributory causes of importance: ArteriosclerosisName of operation no operation Date of _____What test confirmed diagnosis by exam as there an autopsy? _____

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 no injury

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. M. Diney, M. D.(Address) Cape Girardeau 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.

