

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

Do not use this space.

6784

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

City **St. Joseph**

File No.....

Registered No. **2016**

2. FULL NAME

(a) Residence. No. **2436 Franklin St.** St. **21** 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 **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 21 1927**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **4**

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Levin Craden**

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

12. MAIDEN NAME OF MOTHER **Della McKee**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

14. INFORMANT (Address) **St. Joseph**

15. FILED **FEB 28 1927** 19. **Mar 6 Starker**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 27 1927**

17. I HEREBY CERTIFY That I attended deceased from **Jan 27 1927** to **Jan 27 1927** that I last saw him alive on **Jan 20 1927** and that death occurred, on the date stated above, at **7th St**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intercranial Hemorrhage

CONTRIBUTORY (SECONDARY) **161B**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Richard M. Beck** M. D.

1927 (Address) **City of St. Joseph**

*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 **St. Mary** DATE OF BURIAL **2-28 1927**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

