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.

JUL 30 1931

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

Do not use this space.

20240

1. PLACE OF DEATH
County Pemiscot — Registration District No. 1099 — File No.
Township Little river — Primary Registration District No. 2868 — Registered No.
City (No. , St. Ward)

2. FULL NAME Earl Jean Craft
(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. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13 - 1928

7. AGE: Years 1 — Months 7 — Days 20 — If LESS than 1 day, hrs. or min.

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) None
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Swinton
(STATE OR COUNTRY) Cape Girardeau, Mo.

PARENTS
10. NAME OF FATHER Hardy B. Craft
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Cape Co. Mo.
12. MAIDEN NAME OF MOTHER Ella M. Underwood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Bloomfield, Mo.

14. INFORMANT S.C. Underwood,
(Address) Swinton, Mo.

15. FILED 7-26-1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-23 - 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1 - 1930, to June 14 - 1930 that I last saw him alive on June 1 1930, and that death occurred, on the date stated above, at 3:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malerial Fever
38
5
(duration) yrs. mos. 22 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) J. L. McAlister, M. D.
, 19 (Address) Wardell, 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: Wardell, Mo.
DATE OF BURIAL: 6-24 1930

20. UNDERTAKER: None.
ADDRESS