

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

34752

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis, Mo** Primary Registration District No. **10073**
 City **St. Louis, Mo** (No. **10073**) Registered No. **10144**
 St. _____ Ward _____

2. FULL NAME

Ethel Crayton
 (a) Residence. No. **2718 Daphne** St., **WV** 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 **col** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Annie Crayton**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **12-24-1892**

7. AGE YEARS MONTHS DAYS If LESS than 1.0 day, hrs. or min.
37 9 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Bootlegger 170**
 (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)

Miss

10. NAME OF FATHER

not known

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

not known

12. MAIDEN NAME OF MOTHER

not known

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

not known

14.

INFORMANT **Annie Crayton**
 (Address) **2621 Adams**

15.

FILED **1933** **Max C. Starker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **10-20-30**

17. **Dr. Physician** HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on **8:45 P**, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

gun shot wound of head
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED **107**
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? **Dr. Wm. D. Dyer, M.D.**
 (Signed) _____
 10/21/30 (Address) **Coverton**

*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 _____ DATE OF BURIAL _____

Father Dickson **Oct 25 1930**

20. UNDERTAKER **Watson and Son 2769 Chouteau**
 ADDRESS _____

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.

