

DEC 20 1930

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

Do not use this space.

35386

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 2511 South 20th)

File No.

Registered No. 1209

St. Ward)

2. FULL NAME

(a) Residence No. 2511 South 20th 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 Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 11 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 1 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Canal Dover, Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER John Croft

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

12. MAIDEN NAME OF MOTHER Rachael Croft

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

14. INFORMANT Wm. Carl Croft
(Address) St. Joseph, Mo.

15. FILED [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1930 to Nov 7, 1930 that I last saw ~~him~~ alive on Nov 5, 1930, and that death occurred, on the date stated above, at 2:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral stenosis
92A
97
77
(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Arterial sclerosis
(duration) 3 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? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Autops
(Signed) Charles R. Horner, M. D.

Nov 19 30 (Address) 315 Kirkpatrick

*State the DISEASE CAUSING DEATH, or if due to a VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) Cause of Injury, if accidental, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland
DATE OF BURIAL Nov. 10, 1930

20. UNDERTAKER
Bleeman Funeral Home 1946 Calhoun

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.

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