

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

Do not use this space.

32375

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township New Primary Registration District No. 1008
 City Kansas City (No. 2826 Prospect) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2826 Prospect St. (11) 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Craycraft
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9-1873
 7. AGE YEARS 88 MONTHS 10 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenup County, Ky.

MOTHER FATHER
 13. NAME Wink, Christman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harpers Ferry, Pa.

15. MAIDEN NAME Wink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wink, Pa.

17. INFORMANT (ADDRESS) Mrs Charles Spake, 2826 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACES Lee's Summit DATE 10-18-32

19. UNDERTAKER (ADDRESS) Fields - James Co., Lee's Summit, Mo.

20. FILED 10/17 1932 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1932 to Oct 16th 1932
 I last saw him alive on Oct 13th 1932 Death is said to have occurred on the date stated above, at 12:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Obstruction of Bowels Date of onset Oct 12th
from Strangulated Hernia
122A
122B 122C

Other contributory causes of importance:
Unobscured Hernia Young

Name of operation None Date of _____
 What test confirmed diagnosis? Phys Exam Was there an autopsy? No

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 _____
 Nature of injury _____ (1)

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify No
 (Signed) Go F. Howell, M. D.
900 Mills Bldg
 (Address)

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.

RECORD

