

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

Do not use

**20644**

**1. PLACE OF DEATH**

19 County Perry  
Towship Salem  
City (No. ....) .....

Registration District No. 658  
Primary Registration District No. 5875

File No. 20644  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Lucy Carrie Kraft

(a) Residence. No. Lithium, Mo. Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 2 hours day How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>6-30-27</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>2</u> hrs. or <u>...</u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u> (c) Name of employer <u>none</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 19 33  
17. I HEREBY CERTIFY That I attended deceased from June 30, 1933, to June 30, 1933 that I last saw h. ER. alive on June 30, 1933 and that death occurred, on the date stated above, at 4:30 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth  
6 1/2 months  
159 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. ds.

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) Oscar Canon, M. D.  
, 19 (Address) Perryville, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Home Cem Perryville Mo DATE OF BURIAL 6/20 19 33  
20. UNDERTAKER Home Cem Perryville Mo ADDRESS 102 Perryville Mo

9. BIRTHPLACE (CITY OR TOWN) Perryville  
(STATE OR COUNTRY)

10. NAME OF FATHER V. E. Kraft

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

12. MAIDEN NAME OF MOTHER Mary E. Trickey

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

14. INFORMANT V. E. Kraft  
(Address)

15. FILED 6/30 19 33 A. H. ...  
REGISTRAR

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 28 1933

