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.

AUG 15 1934

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

Do not use this space.

File No. 23548
Registered No. 30

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 124
Township Kinder Primary Registration District No. 5177
City ~~Everett~~ (No. ..... St. ..... Ward)

2. FULL NAME Everett A Crader
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1922
7. AGE: YEARS 11 MONTHS 11 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
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) Burfordville Mo.

FATHER
13. NAME Alva Crader
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordville Mo

MOTHER
15. MAIDEN NAME Minnie Nance
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordville Mo

17. INFORMANT (ADDRESS) Alva Crader Burfordville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE McGuire Cemetery DATE July 12 1934
19. UNDERTAKER (ADDRESS) McCombs F & U Co Jackson Mo
20. FILED 7-13 1934 D. G. Sutter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 58 m.
The principal cause of death and related causes of importance were as follows:

Crushed to death by rolling logs.
1860 1846

Date of onset

Other contributory causes of importance:
None.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-11-, 1934
Where did injury occur? Whitewater Missouri. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Acups Saw Mill.
Manner of injury Logs rolled on him
Nature of injury crushed by logs

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) J. A. Moore, M.D.
(Address) Cape Girardeau-Coroner.