Kraft

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

SEP 21 1936

Do not use this space.

30628

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township N Campbell — Primary Registration District No. 5439 — Registered No. 681
City Springfield Mo (No. R5 St. Ward)

2. FULL NAME Christ Weiss
(a) Residence, No. R5 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Anna Weiss
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1859
7. AGE YEARS 77 MONTHS 0 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown Weiss

17. INFORMANT (ADDRESS) Miss Emma Weiss R5
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Aug 7, 1936
19. UNDERTAKER (ADDRESS) F C Thiemo 1100 Bonville Ave
20. FILED 8-7-, 1936 Dr Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1936
22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to 8-5-36, 19
I last saw him alive on 8-4-36, 19 Death is said to have occurred on the date stated above, at 5 15 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of lower lip with metastases lower lip primary seat

Date of onset

Other contributory causes of importance: 45

Name of operation Date of
What test confirmed diagnosis? Clinical 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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur D Kraft M.D.
(Address) 450 E Cairo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.