

APR 8 1937

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

Do not use this space.

9436

File No. 1152

Registered No. _____

1. PLACE OF DEATH

County Jackson Registration District No. _____Township How Primary Registration District No. _____City Marion City (No. 4795) Tracy St. _____ Ward _____2. FULL NAME Thesley Craven(a) Residence, No. 4745 Tracy 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 (write the word) Widower5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [initials]6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
89 - - - - -8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

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) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) None18. BURIAL, CREMATION, OR REMOVAL PLACE Burial St. Marys DATE 3/6 193719. UNDERTAKER (ADDRESS) Quierbert Duben
20 West Sumner20. FILED 3-6-37 W. M. McLaughlin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-193722. I HEREBY CERTIFY, That I attended deceased from 2-28-1937 to 3-4-1937I last saw him alive on 3-4-1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arrhythmia fibrillation Date of onset _____Chronic myocarditisCoronary DiseaseOther contributory causes of importance: 930Alteration

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? 0

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?

If so, specify _____

(Signed) W. M. McLaughlin, M. D.(Address) 1000 Olive

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.

FORM 4-1-36 I 20314

