

REC'D MAY 6 1938

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi
 Township Ipswaghty
 City Charleston

Registration District No. 566
 Primary Registration District No. 5762

File No. 15309
 Registered No. 46

2. FULL NAME

Eleanor Cramer 656

(a) Residence, No. R-3 St. _____ Ward. _____

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Cramer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-12-1866
 7. AGE YEARS 71 MONTHS 4 DAYS 6 If LESS than 1 day, _____hra. or _____min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18 1938
 22. I HEREBY CERTIFY, That, I attended deceased from 1129 _____, 1938, to 4/18 _____, 1938
 I last saw h. ER alive on 3/29 _____, 1938. Death is said to have occurred on the date stated above, at _____m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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 _____

Date of onset

Ca of Quary 49' D.K.
Manic Depress psych. D.K.
 Other contributory causes of importance:

ascites

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Illinois
 13. NAME Americus Stout
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 15. MAIDEN NAME Mary Hindman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation none Date of _____
 What test confirmed diagnosis? Ch. Symp as 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.

17. INFORMANT P. S. Harmon (ADDRESS) Charleston Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE 000 Fraternity DATE 4-19 1938

19. UNDERTAKER Frank Fair Funeral Service (ADDRESS) Charleston

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) E. Chas. Polwing M. D.
Charleston, Mo

20. FILED 4-19- 1938 Frank S. Harmon Registrar. 566

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE showing or stated EXACTLY. FIVE-DIGIT NUMBER.

