JUN 11 1938 REC'D JUL 7 1938

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

Do not use this space.

22981

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township Carondelet — Primary Registration District No. 200 — Registered No. 1010
City Koch (No. , Koch Hosp. 615 St. Ward)

2. FULL NAME Hathel Cravens
(a) Residence, No. 1245 S. Eighth St. 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Orville Beaven

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5th. 1908

7. AGE: YEARS 29 — MONTHS 11 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work Housework
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) 1927
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER
13. NAME Ose Cravens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Annie Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Ralph Cravens 9137 Morrison Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE 6/13/38, 19

19. UNDERTAKER (ADDRESS) Witt Bros L & U Co. 2929 S. Jefferson Ave.

20. FILED 6-11, 1938 T. R. Meyer M.D. Dep. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th., 1938

22. I HEREBY CERTIFY, That I attended deceased from December 18th., 1937, to June 10th., 1938
I last saw Her alive on June 10th., 1938. Death is said to have occurred on the date stated above, at 8:50p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr, Pulmonary Tuberculosis	1932
22a	

Other contributory causes of importance:

Generalized Amyloidosis	1934
Intestinal Tuberculosis	1934

Name of operation None Date of
What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) G. M. Klingner, M. D.
(Address) Koch Hosp. Koch, Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2 50M-[illegible]-22-36 1 X9314