

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

Do not use this space.

4661

1. PLACE OF DEATH

County Barry Registration District No. 34
Township Shurtz Primary Registration District No. 5050
City Putnam (No. _____) St. _____ Ward _____

File No. _____
Registered No. 4

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Wiley Craft
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march-9-1904
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Putnamville, Mo.

13. NAME William Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.P.

15. MAIDEN NAME Sarah Zenon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.P.

17. INFORMANT James Wiley Craft
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maplewood DATE 2-1-1933

19. UNDERTAKER Ed Parr
(ADDRESS) Putnam, Mo.

20. FILED Mo. 1-15-1933 Mrs. H. J. Searey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1933

22. I HEREBY CERTIFY That I attended deceased from one call - 19Feb. 19 1933

I last saw h. or alive on Feb. 19, 1933 Death is said to have occurred on the date stated above, at 9 m.

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

Tuberculosis -
Pulmonary -
23A
Other contributory causes of importance:
23

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? _____ 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? Do
If so, specify _____
(Signed) E. E. McDaniel
(Address) Caseville, Mo.

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.

THIS IS A PERMANENT RECORD

