

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

Do not use this space.

25717

File No. _____
Registered No. 13
St. _____ Ward) _____

1. PLACE OF DEATH
26 County Cole Registration District No. 211
Township Marion Primary Registration District No. 4128
City Centertown (No. _____ St. _____ Ward) _____

2. FULL NAME Harold Raymond Cramer
(a) Residence. No. _____ 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8 7 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Monteair Co Mo
(STATE OR COUNTRY) _____

10. NAME OF FATHER Robt Cramer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage Co
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Jonia Kronk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Callaway Co
(STATE OR COUNTRY) _____

14. INFORMANT Robt Cramer
(Address) Centertown Mo

15. FILED 8/9, 1932 H T Leach, M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 8, 1932

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to August 8, 1932 (that I last saw him alive on Aug 8, 1932, and that death occurred, on the date stated above, at 6:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis
131
131 (duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) 131 (duration) 0 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED Place of Death
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Frank J. Nichols, M. D.
, 19 _____ (Address) Centertown, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centertown Cem DATE OF BURIAL 8/9, 1932

20. UNDERTAKER William & Fredmeyer ADDRESS Centertown 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.

