

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

Do not use this space.

15714

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... City Registration District No. 1003
 City St. Louis (No. McDonnell Hosp.) St. 12 Ward 7th St. Mo

File No. 15445
 Registered No. 4679

2. FULL NAME

(a) Residence. No. Margaret Craig St. 12 Ward. 7th St. Mo
 (Usual place of abode)

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willis P. Craig

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 5 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Festus Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER William Simms

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Blackwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Edward Simms
 (Address) Festus Mo

15. FILED APR 30 1928 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-25-28, 1928, to 4-28-28, 1928, that I last saw h. alive on 4-27-28, 1928, and that death occurred, on the date stated above, at 7:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis
Type undetermined

CONTRIBUTORY (SECONDARY) acute myocarditis

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Culture

(Signed) T. J. Jordan, M. D.
 , 19 (Address) Metropolitan Bldg

*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 DATE OF BURIAL

Festus Mo 4-30 1928

20. UNDERTAKER

Durston-Vinyard Und. & Festus 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.

