

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

Do not use this space.

9677

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 1607 Olive)

File No. \_\_\_\_\_  
Registered No. 384  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Addison Craighill

(a) Residence, No. 1607 Olive St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 4 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**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**

Augusta Craighill

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

November 17 1861

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
67	4	3	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Grocer

(b) General nature of industry, business, or establishment in which employed (or employer). Retired

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

St. Joseph Missouri

**10. NAME OF FATHER**

Samuel J. Craighill

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

Charleston West Virginia

**12. MAIDEN NAME OF MOTHER**

Sarah B. Barrow

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

Baltimore ~~Maryland~~

**14. INFORMANT**

Frank W. Craighill

(Address) 1607 Olive

**15. FILED**

27 1929

John J. [Signature]  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 20, 1929

**17. I HEREBY CERTIFY, That I attended deceased from** Aug, 1927, to Mar 20, 1929, that I last saw h. alive on Mar 20, 1929, and that death occurred, on the date stated above, at 4:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

131 BBA Apoplexy

(duration) 1 yrs. 7 mos. ds.

**CONTRIBUTORY (SECONDARY)** Chronic Nephritis

(duration) 4 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** 129A  
IF NOT AT PLACE OF DEATH.

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** no

**21. WHAT TEST CONFIRMED DIAGNOSIS?** Clinical

(Signed) Wm. [Signature], M. D.  
3/29/1929 (Address) Shep [Signature]

\*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** Memorial Park **DATE OF BURIAL** Mar. 23, 1929

**20. UNDERTAKER** Fleeman Funeral Home **ADDRESS** 1208 Francis

Exact statement of OCCUPATION is very important. AGE should be stated. Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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MAR 27 1929

