

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

Do not use this space.

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Bedalia Primary Registration District No. 3032
City Bedalia (No. _____) St. _____ Ward _____

File No. 32106
Registered No. 268

2. FULL NAME

Margurett Cragan Mc Graw
(a) Residence, No. Bothwell Hospital 417 W. 6th (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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John S Mc Graw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26, 1877</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>6</u>
	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) Clifton City Mo

FATHER 13. NAME Patrick F. Cragan

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Francis Keenan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) John S. Mc Graw 417 West 4 Bedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 9/22/31

19. UNDERTAKER (ADDRESS) Mc Laughlin Bros Bedalia Mo

20. FILED 9-21-19-31 Registrar J. J. Love

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931 to Sept 20, 1931
I last saw deceased on Sept 20, 1931. Death is said to have occurred on the date stated above, at 817a.

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

Carcinoma of sigmoid
46 C
146 C
Other contributory causes of importance:
None

Name of operation 8/18/31 Date of _____

What test confirmed diagnosis? Operation Was 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? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify no

(Signed) John B. Carlisle, M. D.

(Address) Bedalia 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.

AUG 24 1931

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - DEPARTMENT RECORD

