

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

Do not use this space.

**7703**

**1. PLACE OF DEATH**

19 County Cass Registration District No. 156  
Township Secular Primary Registration District No. 5720  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1st

**2. FULL NAME**

Unknown man probably Roy Craig  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>? Unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>?</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>"</u>		
7. AGE <u>Apparently about</u>	YEARS <u>55</u>	MONTHS <u>to 60</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>? Unknown</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>
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) <u>Unknown 31</u>		
13. NAME <u>Unknown 6</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>"</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Ernest Cunningham</u> (ADDRESS) <u>Harrisville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Orient Cemetery</u> DATE <u>3/4</u>		
19. UNDERTAKER <u>Cunningham Bros &amp; Co</u> (ADDRESS) <u>Harrisville Mo.</u>		
20. FILED <u>3/4</u> 19 <u>37</u> <u>A. S. Long</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3 - 2 P.M., 1937 to Mar 3 - 4 P.M., 1937

I last saw him alive on Mar. 3<sup>rd</sup> 4 P.M., 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Accidental death  
caused by train  
2:07 P.M.

Other contributory causes of importance:

Name of operation (D) 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? Accident Date of injury 3-3, 1937  
Where did injury occur? Pleasant Hill Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
public place - R.R. by highway  
Manner of injury run over by R.R. train  
Nature of injury run over by R.R. train

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Accident

(Signed) A. S. Long  
(Address) Harrisville Mo

APR 25 1937



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Cass Registration District No. 156  
 Township Securian Primary Registration District No. 9220 File No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_) Registered No. 14

2. FULL NAME Unknown man - Probably Roy Craig  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unsk  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) \_\_\_\_\_  
 FATHER  
 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 MOTHER  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_  
 19. UNDERTAKER (ADDRESS) \_\_\_\_\_  
 20. FILED May 31<sup>st</sup> 1937 A. S. Long Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1937  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Accidental death  
caused by train  
in Automobile Involvement  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset 2:07  
 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? \_\_\_\_\_  
 If no, specify \_\_\_\_\_  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

SUPPLEMENTARY

ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

Exact statement of OCCURRENCE IS VERY IMPORTANT. Statement may be properly classified.

5-7703