

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

Do not use this space.

15106

1. PLACE OF DEATH

108 County Wenon
Township _____
City Nevada mo. (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 96 St. _____ Ward _____

2. FULL NAME

Mary C. Craig

(a) Residence. No. State Hospital #3 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 F 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1876

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>55</u>	<u>6</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) 19

PARENTS

10. NAME OF FATHER Silas T. Craig
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Ornie C. Collins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____

14. INFORMANT State Hospital #3 (Address) Nevada mo.

15. FILED 5/16-1932 E. B. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1932

17. I HEREBY CERTIFY, That I attended deceased from July 17 1931, to April 19 1932 that I last saw her alive on April 19 1932, and that death occurred, on the date stated above, at 3:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia
(duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY (SECONDARY) 108
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) H. Singeloff, M. D.

April 19, 1932 (Address) State Hospital #3

*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 Springfield mo. DATE OF BURIAL 4/21/1932

20. UNDERTAKER Severy Funeral Home Nevada mo. ADDRESS _____

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.

May 31 1932

