

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

Do not use this space.

1. PLACE OF DEATH

County Franklin

Township Prairie

City Lonedell

Registration District No. 294

Primary Registration District No. 5418

File No. 2678

Registered No. _____

2. FULL NAME Frances Ellen 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. L. Craig

22. HEREBY CERTIFY, That I attended deceased from Sept 1 - 1937 to Jan - 27, 1938
 I last saw her alive on Jan 26, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 20, 1858

The principal cause of death and related causes of importance were as follows:
Chronic - Intentional hypokrit's

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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

Date of onset
Chronic Arthritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lonedell, MO.

Other contributory causes of importance:
Chronic Arthritis

13. NAME T.O. Dickinson

Name of operation No Op Date of _____
 What test confirmed diagnosis? Blue Edg Where an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

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)

15. MAIDEN NAME Anna Hoff

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT George Lewis
 (ADDRESS) St. Clair, Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE January 29, 1938

19. UNDERTAKER Wm. Casey & Co.
 (ADDRESS) St. Clair, Mo.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify W. E. Mitchell, M. D.
 (Signed) _____ (Address) St. Clair

20. FILED Feb. 5, 1938 Wm. Duckworth
 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH