REC'D MAR 9 1939

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

5866

Do not use this space.

1. PLACE OF DEATH (a) County: Boone — Registration District No.: 73
(b) Township or City: Columbia — Primary Registration District No.: 3006 — Registered No.: 33
(c) City: Columbia (d) Street No.: ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: MARGARET CRAIG.
(a) Residence, No.: 303 St Joe St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-22-1852

7. AGE: Years 86 — Months 10 — Days 19. — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: At Home
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): Illinois

FATHER
13. NAME: John Slavens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Fosler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know.

17. INFORMANT (ADDRESS): Anthy Lee Chase 303 St Joe, Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Millersburg Mo, Cem. DATE 2-14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Parkes, W. H. Wandesmate Columbia Mo

20. FILED 2/13/1939 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-11-1939.

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1939, to 2-11-1939, 1939, I last saw her alive on 2/11, 1939. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Pneumonia	
Bronchial Pneumonia	

Other contributory causes of importance: Coronal Arteriosclerosis

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 so, specify:
(Signed) Stephen D. Smith M. D.
(Address) Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. H. Vandewater

Licensed Embalmer No. 2494.

P. O. Address Columbia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.