

REC'D MAR 16 1939

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

7910

Do not use this space.

## 1. PLACE OF DEATH

(a) County Saline Registration District No. 796  
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 29  
 (c) City Marshall (d) Street No. Putnam Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

620 Olive Mae Craig  
 (a) Residence, No. Gilliam, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1891

7. AGE YEARS 47 MONTHS 10 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as 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) Saline Co.  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME William P. Mayfield  
 14. BIRTHPLACE (CITY OR TOWN) Cooper Co.  
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ida A. Askew  
 16. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Harry Fizer  
 (ADDRESS) Gilliam, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater, Mo. DATE Feb. 15, 1939

19. FUNERAL DIRECTOR J.L. Sweeney  
 (ADDRESS) Marshall, Mo.

20. FILED 2-15-39 Mary Kent  
D. J. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-1939

22. I HEREBY CERTIFY, That I attended deceased from July 10 - 1937, to Feb. 13 - 1939  
 I last saw h. Er. alive on Feb. 13 - 1939 Death is said

to have occurred on the date stated above, at 9:15 P. m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix Date of onset 1936  
48

Other contributory causes of importance:  
General metastasis to sigmoid & intestines

Name of operation..... Date of.....  
 What test confirmed diagnosis? Autopsy Was there an autopsy? No

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? No  
 If so, specify

(Signed) A. G. Putnam, M. D.  
Marshall Mo. (Address)

