

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

Do not use this space.

JAN 12 1940

43113

1. PLACE OF DEATH

County Clay Registration District No. 148
Township 1 Primary Registration District No. 3011
City Excelsior Springs (No. 1020) St. Ward

File No.
Registered No. 165

2. FULL NAME Eliza Craig

(a) Residence, No. 626 N. Main St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1881

7. AGE YEARS 58 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

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

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) Grayson, Missouri (STATE OR COUNTRY) 0

FATHER 13. NAME William Wilson 1

14. BIRTHPLACE (CITY OR TOWN) Hot Springs, Arkansas (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Millie Turner

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

17. INFORMANT Anna Price (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg, Mo. DATE Dec 13 39

19. UNDERTAKER Clayton Richard (ADDRESS) Excelsior Springs, Mo.

20. FILED Dec 12, 1939 Miss Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 39

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 39 to Dec 10 39

I last saw him alive on Dec. 8, 1939 Death is said

to have occurred on the date stated above, at 8 A m.

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

Coccyx of uterus and surrounding tissues (uterine hemorrhage)

Date of onset: 6 or 7 month

Other contributory causes of importance: 48

Name of operation lab. physical Date of no

What test confirmed diagnosis? 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? If so, specify SP McCracken

(Signed) Ex. elizer spz mo M. D.

(Address) Excelsior Springs, Mo.

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.

RECEIVED

District Health Officer No. 8,

File Number

111/40

Filed