

OCT 18 1935

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

Do not use this space.

32065

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 124Township WindsorPrimary Registration District No. 5177City John William Craig (No.)St. Ward

2. FULL NAME

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

3. SEX

M.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Rose Myers Craig

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

July 31 - 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7521

OCCUPATION

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

Farmer

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) (STATE OR COUNTRY)

Jackson Mo.

FATHER

13. NAME

John W. Craig

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

Mo.

MOTHER

15. MAIDEN NAME

Matha Cridder

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

Mo.

17. INFORMANT (ADDRESS)

John W. Craig
Jackson Mo. R. 4, 3.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph DATE Oct 14 1935

19. UNDERTAKER (ADDRESS)

M. Comb & Co
Jackson Mo.

20. FILED

9-411935D. G. Leiber

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 2 1935

22. I HEREBY CERTIFY, That I attended deceased from

1935 to Oct 12 1935I last saw him alive on Oct 1 1935. Death is saidto have occurred on the date stated above, at 8:30 P. m.

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

Apoplexy cerebral

Date of onset

Other contributory causes of importance:

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) Bernard H. Hays, M. D.(Address) Jackson, Mo.

WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD

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.

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