

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.

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

1 PLACE OF DEATH  
County Madison  
Township Prairie Registration District No. 24 File No. 314942  
or Village Ladonia Primary Registration District No. 4018 Registered No. \_\_\_\_\_  
or City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2 FULL NAME Lewis Cragg (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (If married, state date) married  
6 DATE OF BIRTH Oct 24 1884 (Month) (Day) (Year)  
7 AGE 34 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) "  
9 BIRTHPLACE (City or town, State or foreign country) Wamego Kansas  
10 NAME OF FATHER J. H. Craig  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio  
12 MAIDEN NAME OF MOTHER Don't know  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 24 1918 (Month) (Day) (Year)  
17 I HEREBY CERTIFY that I attended deceased from found dead to \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at about 8 a.m.  
that I last saw him alive on \_\_\_\_\_, 191\_\_\_\_.  
The CAUSE OF DEATH\* was as follows:  
Sunshot wound in region of heart caused by shot in either suicidal or accidental head instantly  
CONTRIBUTORY (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) W. K. McCall (Physician) M. D. Oct 25 1918 (Address) Ladonia Mo.  
\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence Ladonia Mo.  
19 PLACE OF BURIAL OR REMOVAL Ladonia Mo. DATE OF BURIAL 10-26-1918  
20 UNDERTAKER W. H. Granger ADDRESS Ladonia Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. M. M. Cragg  
(Address) Ladonia Mo.  
15 Filed Oct 25 1918 W. K. McCall Registrar

# United States Standard Certificate of Death

S. Census and American Public Health Association.]

**of occupation.**—Precise statement of every important, so that the relative various pursuits can be known. The to each and every person, irrespec- r many occupations a single word or line will be sufficient, e. g., *Farmer or an, Compositor, Architect, Locomotive engineer, Stationary fireman, etc.* But (specially in industrial employments, know (a) the kind of work and also f the business or industry, and there- al line is provided, for the latter hould be used only when needed.  
 (1) *Spinner, (b) Cotton mill; (a) Sales- ; (a) Foreman, (b) Automobile factory.* rked on may form part of the second ver return "Laborer," "Foreman," ealer," etc., without more precise *Day laborer, Farm laborer, Laborer—*

Women at home, who are engaged the household only (not paid *House- ive a definite salary*), may be entered *housework, or At home*, and children, mployed, as *At school or At home.* taken to report specifically the occupa- ns engaged in domestic service for *Ant, Cook, Housemaid, etc.* If the een changed or given up on account CAUSING DEATH, state occupation at less. If retired from business, that eated thus: *Farmer (retired, 6 yrs.)* ho have no occupation whatever,

**of cause of death.**—Name, first, USING DEATH (the primary affection ime and causation), using always the rm for the same disease. Examples: ver (the only definite synonym is bropspinal meningitis"); *Diphtheria roup*"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia* ("Pneumonia," unqualified, i *Tuberculosis of lungs, meninges, perito Carcinoma, Sarcoma, etc., of..... origin*; "Cancer" is less definite; avoid use for malignant neoplasms); *Measles; Who Chronic valvular heart disease; Chroni nephritis, etc.* The contributory (seco tercurrent) affection need not be state portant. Example: *Measles* (disease ca' 29 ds.; *Bronchopneumonia* (seconda Never report mere symptoms or termin such as "Asthenia," "Anaemia" (mere atic), "Atrophy," "Collapse," "Com- sions," "Debility" ("Congenital," "E "Dropsy," "Exhaustion," "Heart faili orrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," definite disease can be ascertained Always qualify all diseases resulting birth or miscarriage, as "PUERPERAL "PUERPERAL peritonitis," etc. Sta which surgical operation was und VIOLENT DEATHS state MEANS OF INJU as ACCIDENTAL, SUICIDAL, OR HOM probably such, if impossible to deter Examples: *Accidental drowning; way train—accident; Revolver wor homicide; Poisoned by carbolic acid—* The nature of the injury, as fractu consequences (e. g., *sepsis, tetanus*) under the head of "Contributory." tions on statement of cause of dea Committee on Nomenclature of Medical Association.)