N 2 1928

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

Do not use this space.

File No. 14318

Registered No. 121

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. ..... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME Ruth May Craig
(a) Residence. No. 350 E. Lafayette 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-5-1928

7. AGE: 3 hours | MONTHS | DAYS | If LESS than 1 day, 3 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Robert Craig
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lulu Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Camden Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Robert Craig
(Address) Sedalia, Mo.

15. FILED 4/13, 1928 J. G. Tows REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1928

17. I HEREBY CERTIFY That I attended deceased from April 5, 1928, to, April 5, 1928, that I last saw he alive on April 11, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Failure of vital functions
to state
Premature
(duration) ..... yrs. ..... mos. 3 hours
CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. H. Strout, M. D
, 19 (Address) Sedalia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sedalia, Mo.
DATE OF BURIAL: 4-6 1928
20. UNDERTAKER: Gillispie Und. Co.
ADDRESS: Sedalia

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.