

JAN 23 1929

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

Do not use this space.

40451

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence Mo

Registration District No. 398
Primary Registration District No. 2019

File No.
Registered No. 439
St. Ward)

2. FULL NAME

(a) Residence No. U.S. Craig St. 4 Ward 1

Length of residence in city or town where death occurred 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 - 1884

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
44 10 12

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

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

10. NAME OF FATHER John A. Babich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springerland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna J. McGraw

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Independence Mo.
(STATE OR COUNTRY)

14. INFORMANT James Craig
(Address) 24 S. 5th

15. FILED 12/18/28 Fred Cook
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Dec 13, 1928, to Dec 15, 1928, and that I last saw him alive on Dec 15, 1928, and the death occurred, on the date stated above, at 2:15 p.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

111 107A 38 38
Acute Pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) atonic Paralysis (Syphilitic)
Invalied for 4 yrs
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

2 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. L. Hicken, M. D.

(Address) Independence Mo

*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 Woodlawn Cem DATE OF BURIAL Dec 18 1928

20. UNDERTAKER W. Mitchell ADDRESS Independence 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.

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