

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

Do not use this space.

7524

1. PLACE OF DEATH

County Pettis
 Township Adrian
 City Adrian (Name)

Registration District No. 668
 Primary Registration District No. 3032

File No.
 Registered No. 66
 St. Ward

2. FULL NAME

(a) Residence No. 1300 East 13th St. 3 Ward.
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4th 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Housewife
 (c) Name of employer at home

9. BIRTHPLACE (CITY OR TOWN) Old Monroe
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Fleatlast

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Strickland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
 (STATE OR COUNTRY)

14. INFORMANT (Address) Clara Craig
Adrian Mo

15. FILED 2-20-29 J.S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19th 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 18 1929 to Feb 19 1929 that I last saw her alive on Feb 19 1929, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Burns, Accidental
Caused from clothing catching
afire from stove. Burns
on entire surface of body.

CONTRIBUTORY 181
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 1100 E 13th St Sedalia Mo

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

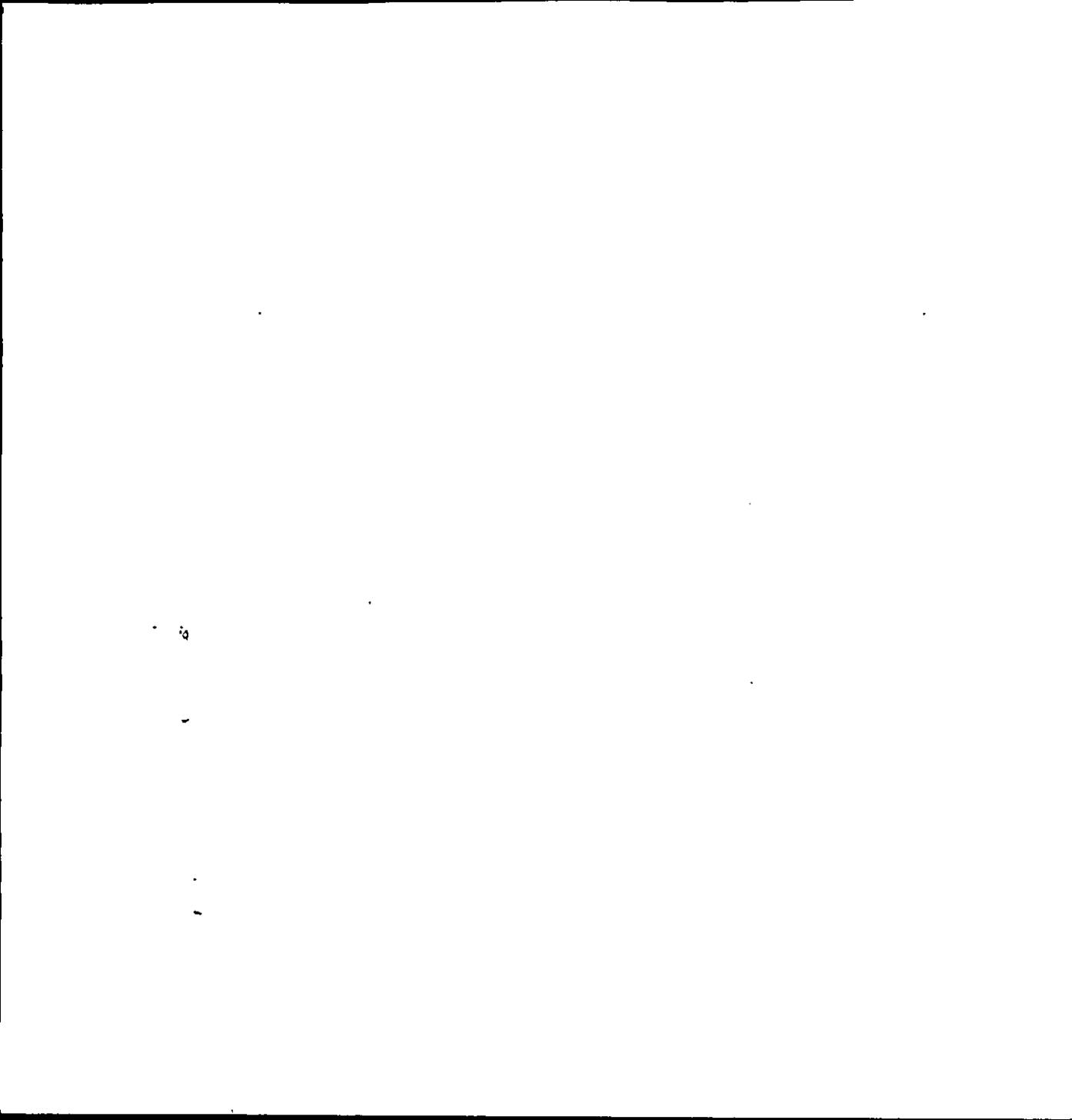
(Signed) A L Walter M. D.

, 19 (Address) Sedalia 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 W H Sempan Pettis Mo DATE OF BURIAL 2/20 1929

20. UNDERTAKER W Houghlin Bros ADDRESS Adrian



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ottawa Registration District No. 668 File No.
 Township Primary Registration District No. 3032 Registered No. 66
 City Selalia (No.) St. Ward)

2. FULL NAME

Mrs Laura Craig
 (a) 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 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)
 (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT
 (Address)

15. FILED 2-20-29 JLS Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19-29

17. I HEREBY CERTIFY That I attended deceased from
 19..... to 19.....
 that I last saw h..... alive on 19....., and that
 death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

Burns accidental caused from clothing catching fire from stove. Burns on entire surface of body (duration) yrs. mos. ds. 18
 CONTRIBUTORY (SECONDARY) no house burnt (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH,
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M. D.
 , 19 (Address)

*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 DATE OF BURIAL
 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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