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

Do not use this space.

26727-B

1. PLACE OF DEATH
County Shannon Co. Registration District No. 1077 File No.
Township Spurgeon Primary Registration District No. 6086 Registered No. 20
City Sunnyville (No. , St. Ward)

2. FULL NAME Frank C Craigle
(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 M.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Craigle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st 1836
7. AGE 72 YEARS 72 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

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. Farming
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) Pacific Junction Fulton Co, Mo

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Bert Dorris Sunnyville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunnyville DATE July 31 1931
19. UNDERTAKER (ADDRESS) Jute Hoffman
20. FILED 12-26 1931 L H Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd, 1929
22. I HEREBY CERTIFY That I attended deceased from July 1st, 1929, to July 2, 1929
I last saw h alive on July 2, 1929. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Heart Drapsy
70B

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) L H Wallace, M. D.
(Address) Sunnyville Mo

N.B.— Every item of information should be carefully supplied. AGE should be ... CAUSE OF DEATH in plain terms, so that it may be properly classified. F... ...IANS should ...ATION is very impor...