

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

Do not use this space.

File No. **33132**
Registered No. **33**
St. _____ Ward _____

1. PLACE OF DEATH

County Caldwell Registration District No. 96
Township Romer Primary Registration District No. 5448
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Ellen 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leha Craig
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12, 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
74 11 7

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

9. BIRTHPLACE (CITY OR TOWN) Morgan Co.
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER David Power
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington
(STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER Elizabeth Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morgan
(STATE OR COUNTRY) Ohio

14. INFORMANT Wallace Craig
(Address) at residence

15. FILED Oct 20 1929 Finley Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19th 1929
17. I HEREBY CERTIFY, That I attended deceased from July 13, 1929 to Oct 18, 1929.
That I last saw h. or alive on Oct 16, 1929, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of sigmoid
U6C
13!
(duration) 2 yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic Interstitial nephritis
(SECONDARY) (duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 45
IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
Oct Hebert R. Booth, M. D.
(Address) Hamilton 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 Highland Cemetery DATE OF BURIAL 10/20 1929

20. UNDERTAKER John Houghton ADDRESS Hamilton 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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