

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

Do not use this space.

**4694**

File No. ....  
Registered No. **176** ..  
St. .... Ward)

**1. PLACE OF DEATH**

County Green Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Mo (No. 952 Hovey)

**2. FULL NAME**

William A Craggs  
(a) Residence. No. 952 Hovey 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. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Widowed

5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy M Craggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 0 25

**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) ..  
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Kilbourne Ill  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm A Craggs

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

12. MAIDEN NAME OF MOTHER Nancy Ketchum

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

14. INFORMANT Mrs J S Cowden  
(Address) 952 Hovey

15. FILED 224, 1930 Gon Sharp  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1930 to Feb 23 1930 that I last saw him alive on Feb 23 1930 and that death occurred, on the date stated above, at 6:30 pm

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chr. Interstitial Nephritis  
131  
97  
..... (duration) 7 yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

Arterio-sclerosis  
(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 clinical

(Signed) Arthur S Knabb, M. D.

2-24-1930 (Address) 450 W E Corral

\*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 Stuttgart Ark DATE OF BURIAL 2/25 1930

20. UNDERTAKER F. C. Thieme ADDRESS Springfield Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*Arthur Knabb*

*MAR 25 1930*

*31 3 5 262 22 8 2*

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