MAR 28 1930

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

Do not use this space.
Mrs Craig
7473
~~7460~~

1. PLACE OF DEATH
County Vernon
Township
City Nevada (No. , St. Ward)
Registration District No. 875
Primary Registration District No. 3039
File No.
Registered No. 52

2. FULL NAME Anna Maude Craig
(a) Residence. No. 8 Lynn St., 3rd 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27, 1876
7. AGE: YEARS 53, MONTHS 3, DAYS 27. If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Homekeeper
(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) Missouri
PARENTS
10. NAME OF FATHER R. J. McGowan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Emily P. Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
14. INFORMANT Tom Craig
(Address) Kansas City Mo
15. FILED 3/10/1930 E. R. King. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/23 1930
17. I HEREBY CERTIFY, That I attended deceased from 2/19, 1930 to 2/23, 1930 that I last saw him alive on 2/23, 1930, and that death occurred, on the date stated above, at 2 p m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute appendicitis
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) (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? —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Yater, M. D.
2/23 1930 (Address) Nevada 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: Deepwood Cemetery
DATE OF BURIAL: Feb 25 1930
20. UNDERTAKER: Allen V Hays
ADDRESS: Nevada 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.

31 1 235