APR 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 7746

Township — Primary Registration District No. 1001 — Registered No. 288

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Nelle Nye Craig,

(a) Residence. No. St., Ward Prince Rupert, B.C., Canada
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morte H. Craig Sr.,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7th. 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	60	5	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pleasant Plains,
(STATE OR COUNTRY) Illinois,

PARENTS

10. NAME OF FATHER Unknown,

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

12. MAIDEN NAME OF MOTHER Unknown,

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

14. INFORMANT Morte H. Craig Jr
(Address) R.F.D. # 5, St. Joseph, Mo.

15. FILED MAR 8 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8. 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1930 to Mar 8, 1930 that I last saw her alive on Mar 7, 1930, and that death occurred, on the date stated above, at 3.30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforated Duodenal Ulcer
117 B
93 D
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Myocardial insufficiency (duration) Unknown 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) John J. Byrne, M. D.

Mar 8, 1930 (Address) St Joseph 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	DATE OF BURIAL
Victoria, B.C., Canada	March 13 1930

20. UNDERTAKER	ADDRESS
Heaton-Bell & Bowman Funeral Home	319 S. 10 St

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.