

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.

DEC 22 1930

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

Do not use this space.

36011

**1. PLACE OF DEATH**

County Jackson Registration District No. 398 File No. \_\_\_\_\_  
 Township Blue Primary Registration District No. 3019 Registered No. 360  
 City Independence (No. Independence Sanitation Ward) \_\_\_\_\_

**2. FULL NAME** John Wm Craighoad

(a) Residence No. 115 So. Cedar Ave. 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 <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susie Craighoad</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 16 - 1884</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>9</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Fireman</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER <u>George Craighoad</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ky</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>no record</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Bates County</u> (STATE OR COUNTRY)

14. INFORMANT Mrs. Susie Craighoad  
 (Address) 115 So. Cedar Ave. Independen-

15. FILED 11-25, 1930 Ed Cook  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
11/16, 1930, to 11/23, 1930  
 that I last saw him alive on 11/23, 1930, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia Lobar  
103 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 10/10  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Greener M. D.  
11-25, 1930 (Address) 10307 Indep. Ave. KC 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 <u>Forest Hill</u>	DATE OF BURIAL <u>11/26</u> 19 <u>30</u>
20. UNDERTAKER <u>Mrs. C. L. Foster</u>	ADDRESS <u>K.C. Mo.</u>

11/11/11