MAR 24 1931

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

Do not use this space.

5284

1. PLACE OF DEATH

County Henry — Registration District No. 341 — File No.

12 Township Clinton — Primary Registration District No. 3018 — Registered No. 23

City — (No. 5488 — St. — Ward)

2. FULL NAME William E. 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 8 yrs. — mos. 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 (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Craig

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20–1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
69 0	7	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 1

(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) Illinois 2

PARENTS

10. NAME OF FATHER Larkin Craig

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

12. MAIDEN NAME OF MOTHER Kickl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

14. INFORMANT Clarence E Craig

(Address) Smith Center Kans

15. FILED 2/16, 1931 Ed. C. Peelor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/16 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Feb 16 1931 that I last saw h... alive on Feb 15 31 and that death occurred on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brights Disease

1344

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131

(duration) yrs. mos. ds.

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

9

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Samuel A Poague, M. D.

2/16, 1931 (Address) Clinton 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 Orient Harrisonville Mo — DATE OF BURIAL 2/18 1931

20. UNDERTAKER Runnenburger Bros & Co. — ADDRESS Harrisonville 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.