

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

Do not use this space.

11089

1. PLACE OF DEATH

County Shelby

Registration District No. 678

Township St. James

Primary Registration District No. 5904

City (No.)

St. Ward

2. FULL NAME

Dora 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 0 yrs. 0 mos. 0 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) Divorced

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. L. Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) 2-2-31
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Safe Mo 1

13. NAME Elijah Gamel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn 2

15. MAIDEN NAME Catherine Parks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Halter Craig (ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL Removal PLACE Marion Co Mo DATE 3-6-31

19. UNDERTAKER A. K. Richler (ADDRESS) St James Mo

20. FILED 2-5-1931 Shelby St. James Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1931

22. I HEREBY CERTIFY that I attended deceased from Feb 20 1931 to Feb 20 1931. I last saw him alive on Feb 20 1931. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset 12/9/31

Other contributory causes of importance:
Hardening of arteries

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury None, 1931

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify None
(Signed) A. L. Craig M. D.
(Address) St. James 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. APR 25 1931

