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.

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

Do not use this space.

18300

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No. 3126 13th St. St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2417

2. FULL NAME Edward Anderson Craig
(a) Residence. No. Mecca Hotel 13th St. Wyandotte 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown
7. AGE YEARS Guess 50. MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED formally Professional
(a) Trade, profession, or particular kind of work Base Ball Player Pitcher 14 yrs. Mo. Valley
(b) General nature of industry, business, or establishment in which employed (or employer) 3. Ill. Ind. Western Assn
(c) Name of employer American Min
9. BIRTHPLACE (CITY OR TOWN) Lebanon Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Neal S. B. Craig
11. BIRTHPLACE OF FATHER (CITY OR TOWN) think
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Miss Coffman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) think
(STATE OR COUNTRY) Mo.

14. INFORMANT Gordon, R. Craig
(Address) K. C. K.
15. FILED June 2 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH Sunday
16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1931
17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ....m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Alcoholism.
75 (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) 75 (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy.
(Signed) Stanley M. Hase, M. D.
3/31, 1931 (Address) Deputy Coroner

*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 Maple Hill K.C.K.
DATE OF BURIAL 6-2 1931
20. UNDERTAKER Eylar Funeral Home
ADDRESS K.C. Mo.