

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

Do not use this space.

33720

1. PLACE OF DEATH

County Butler
Township Beane
City Beane (No. 11)

Registration District No. 87
Primary Registration District No. 5129

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

John Craig
(a) Residence, No. 12 Mt. W. Poplar Street, Mo. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Lizza Craig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14 - 1850
7. AGE YEARS 81 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Sept 25, 1931 11. Total time (years) spent in this occupation. all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterford N. Y.

MOTHER 13. NAME John Craig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Pope Craig
(ADDRESS) 816 Grand Ave Poplar Street Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kerns Cem DATE Oct 13 1931

19. UNDERTAKER A. J. Phelps
(ADDRESS) Beane Mo

20. FILED Oct 14 1931 M. D. Rose
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1931, to Oct 12 1931
I last saw him alive on Oct 5 1931. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic retinitis Date of onset _____
myopia

Other contributory causes of importance: meningitis 10/31

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. D. Rose M. D.
(Address) Beane 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.

