

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

Do not use this space.

15086

**1. PLACE OF DEATH**

107 County Texas Registration District No. 863  
 2 Township Randall Primary Registration District No. 4522  
 3 City Houston (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Lelle Ellen 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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25, 1921</u>		
7. AGE	YEARS <u>11</u>	MONTHS _____
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Child in home</u>
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summersville Mo</u>		
FATHER	13. NAME <u>Hiram Craig</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montauk Mo</u>	
MOTHER	15. MAIDEN NAME <u>Leona McEllan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mtn. View Mo</u>	
17. INFORMANT (ADDRESS) <u>Hiram Craig Houston Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>fileyris Rest Center</u> DATE <u>April 17, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Gaylord V. Ellith Houston Mo</u>		
20. FILED <u>4-16-1932</u> <u>R. W. Norrell</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1932 to April 15, 1932  
 I last saw him/her alive on April 15, 1932 Death is said to have occurred on the date stated above, at 10:10 am.  
 The principal cause of death and related causes of importance were as follows:  
Tubercular Pneumonia  
 Date of onset not known

Other contributory causes of importance: (Tuberculosis)

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) W. H. Hurray, M. D.  
 (Address) Houston, Mo

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 OCCURRENCE is very important.

