

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

Do not use this space.
15248

2041

1. PLACE OF DEATH

County Jackson
Township Haw
City K.C. Mo

Registration District No. _____
Primary Registration District No. _____

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

2. FULL NAME

(a) Residence No. 516 No. Lapping St. Ward 10
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 6 13

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leaves Mo

FATHER
13. NAME Marion Cragg

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

MOTHER
15. MAIDEN NAME Martha Laker

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

17. INFORMANT (ADDRESS) Tom Cragg 516 No Lapping

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Poplar Mo May 23 1932

19. UNDERTAKER (ADDRESS) Rose & Anderson 4139 E. 15th St. Mo

20. FILED 5/21 1932 Registrar Wm. Crow

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932 to May 19, 1932

I last saw him alive on May 19, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Cerebral Hemorrhage Date of onset May 12 32

Other contributory causes of importance:
Secondary Cerebral Hemorrhage 82A 82A

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? no Date of injury no, 1932

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) E. A. Kelly, M. D.

(Address) 402 Washburn Ave. Box 2687

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.

MARGIN RESERVED FOR BRINGING

S. No. 2

Dr E. H. Helwig
H 20 So Wash