

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

Do not use this space.

16156

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township _____ Primary Registration District No. 3020
 City Carthage Mo. McCune Brothers Hospital St. _____ Ward _____

2. FULL NAME

William Oliver Cragg
 (a) Residence, No. 1302 No Main St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 63 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Bayless
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1st 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Mining Man
 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) St Louis Mo.

MOTHER FATHER
 13. NAME Geo Cragg

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

15. MAIDEN NAME Jane Centers

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

17. INFORMANT (ADDRESS) Mrs W.O. Cragg, Wife, Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Joplin Mo. DATE 5/27 1932

19. UNDERTAKER (ADDRESS) Wm - Drake, Carthage Mo.

20. FILED 5/27 1932 E. W. McLean Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21 1932 to May 25 1932
 I last saw him alive on May 21 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral embolism
Neuroplegia of B
82B
82D
92D
 Other contributory causes of importance:
Chronic myocardial insufficiency
 Date of onset May 21 1932

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) Royd B. Clanton, M. D.
 (Address) Carthage - 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 OCCUPATION is very important.

23 1932

