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

Do not use this space.

1. PLACE OF DEATH
County Wayne
Township Cowan
City Hiram, Mo (No. ..... St. ..... Ward)
Registration District No. 894
Primary Registration District No. 6196
File No. 34581a
Registered No. .....

2. FULL NAME Mary Jane 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

MAY 24 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
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 J. M. Craig

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 2 1875

7. AGE: Years 57 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

PARENTS
10. NAME OF FATHER Will Barrett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy A. Darnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Madison Co., Mo

14. INFORMANT Wm W. Craig
(Address) Lowndes Mo

15. FILED Oct 30 1932 J. F. Paulluse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932, to Oct 9, 1932, that I last saw her alive on Oct 8, 1932, and that death occurred, on the date stated above, at 10.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights' Disease
131
131 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Adam F. Wagner, M. D
10 12, 1932 (Address) Travelton Mo

*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: Dixon Cem
DATE OF BURIAL: Oct 10, 1932

20. UNDERTAKER: Antho Montgomery
ADDRESS: Hiram Mo