

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.

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

Do not use this space.

42751

1. PLACE OF DEATH

County Saline
Township Clay
City Loeb Bleck Packer

Registration District No. 792
Primary Registration District No. 6043A

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

2. FULL NAME

(a) Residence, No. haddon P.R. 61 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 68 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 0

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) 2 years
11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield, Ontario, Canada

13. NAME Hugh Craig

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

15. MAIDEN NAME Elizabeth M. Intyre

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

17. INFORMANT (ADDRESS) Mrs. J. B. Dury
Acronville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brook Rock DATE Dec 27

19. UNDERTAKER (ADDRESS) P. W. Campbell
Marshall, Mo

20. FILED 1-1 1933 C. L. Lawless Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Dec 25, 1932

I last saw him alive on Dec 24, 1932. Death is said to have occurred on the date stated above, at 9 A. M.

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

Influenza
11 B 11 C 11 D 11 E 11 F 11 G 11 H 11 I 11 J 11 K 11 L 11 M 11 N 11 O 11 P 11 Q 11 R 11 S 11 T 11 U 11 V 11 W 11 X 11 Y 11 Z
Date of onset 12-23 1932

Other contributory causes of importance:

None

Name of operation _____ Date of _____
What test confirmed diagnosis? Bacterial Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury X, 1932

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

Manner of injury X
Nature of injury X

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

If so, specify _____
(Signed) J. D. Williams, M. D.

(Address) William, Mo

