

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

Do not use this space.

37542

**1. PLACE OF DEATH**

County Leisure  
Township Leisure  
City (No.           )

Registration District No. 712  
Primary Registration District No. 5941

File No.             
Registered No. 23 St.            Ward           

**2. FULL NAME**

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dotter Barber Craig</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27 1898</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>3</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General Carpentry</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov 15 1933</u>		11. Total time (years) spent in this occupation <u>          </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lanes Ohio</u>		
13. NAME <u>Edgar M Craig</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Gerard Amber</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Lee Craig</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deebley</u> DATE <u>Nov 27 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Spitzer</u>		
20. FILED <u>11-25 1933</u> <u>Ernest A. Oliver</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1933

HEREBY CERTIFY, That I attended deceased from Nov 24 1933 to Nov 24 1933  
I last saw him alive on Nov 25 1933 Death is said to have occurred on the date stated above, at 11:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Accidental trauma -  
blow bet on abdomen  
by crank while crawling  
up  
Date of onset 11/24/33

Other contributory causes of importance:  
Dehydration  
at death  
Deebley  
11/24/33

Name of operation            Date of             
What test confirmed diagnosis?            Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? trauma Date of injury 11/22 1933  
Where did injury occur? Deebley  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury trauma abdominal  
Nature of injury hemorrhage in abdomen

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify           

(Signed) W. J. Steel M. D.  
(Address) Deebley 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.

485  
29  
33  
33  
33

