Dr S Yuman

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

Do not use this space.

39105

1. PLACE OF DEATH
County Bates
Township
City (No. 4 St. Ward)
Registration District No.
Primary Registration District No. 56
File No.
Registered No. 8

2. FULL NAME Leona Marie 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE Whit
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E R Craig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1905
7. AGE YEARS 28 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Montrose Missouri

FATHER
13. NAME William Immerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER
15. MAIDEN NAME Sadie Immerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois

17. INFORMANT (ADDRESS) E R Craig Foster Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Foster Cemetery DATE Dec 24 1933
19. UNDERTAKER (ADDRESS) R T Dickerson Pleasanton Ks
20. FILED Dec 28, 1933 H. A. Rhoades M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Saturday Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933, to Dec 23, 1933
I last saw her alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia of both lungs	
108	

Other contributory causes of importance:

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

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? no
If so, specify
(Signed) J R Shumway, M. D.
(Address) Pleasanton Kan

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.

235