NOV 14 1934

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

Do not use this space.
35773

File No. 478
Registered No.

1. PLACE OF DEATH
County: Greene
Registration District No.: 318
Township: Springfield
Primary Registration District No.: 2001
City: (No. 539, W. Webster St., Ward)

2. FULL NAME: Jasper Craig
(a) Residence, No. 1534 W. Webster 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: 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~~: Isabelle Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 2-1848

7. AGE: Years 86 | Months 3 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Groceryman
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): Brunswick Mo.

FATHER
13. NAME: John D. Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER
15. MAIDEN NAME: Stout
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT: Wm. J. Craig
(ADDRESS): Springfield

18. BURIAL, CREMATION, OR REMOVAL: Hazelwood Cemetery
PLACE DATE Oct 3 1934

19. UNDERTAKER: J. H. Kingner & Co.
(ADDRESS): Springfield Mo.

20. FILED 10-2 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1934, to Sept. 30, 1934
I last saw ~~him~~ alive on Sept. 30, 1934. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease Chronic	

Other contributory causes of importance:

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

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) Lee Cox, M. D.
(Address) 223½ South

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 18 1946