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 27 1935

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

Do not use this space.
8889

1. PLACE OF DEATH
County Harrison
Township
City Cainsville Mo. (No. , St. Ward)

Registration District No. 336
Primary Registration District No. 4199

File No.
Registered No. 6

2. FULL NAME Charles C. Craig

(a) Residence, No. Cainsville Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed America Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-12-1850

7. AGE: Years 84 Months 11 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
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. Stock Farming
10. Date deceased last worked at this occupation (month and year) 1932 1932
11. Total time (years) spent in this occupation 55 yrs. 53 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Indiana

FATHER
13. NAME Roderick Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Indiana

MOTHER
15. MAIDEN NAME Melvina Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendrick Indiana

17. INFORMANT Eliza Zimmerman
(ADDRESS) Cainsville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joar Cemetary DATE 3-28 1935

19. UNDERTAKER J. E. Johnson
(ADDRESS) Cainsville Mo.

20. FILED 3/26 1935 C E Oliver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1935 to March 24 1935
I last saw him alive on March 30 1935. Death is said to have occurred on the date stated above, at 12.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	
Mitral Insufficency	

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?
If so, specify

(Signed) H. Nally, M. D.
(Address) Cainsville Mo.