

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

Do not use this space.

APR 27 1935

12440

1. PLACE OF DEATH

County Dunklin Registration District No. 288
 Township Independence Primary Registration District No. 3406-177
 City Kenett, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Nancy Craig
 (a) Residence, No. Kenett, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-62

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>72</u>	<u>3</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Dunklin Co. Mo.

13. NAME Critchfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donk Know

15. MAIDEN NAME Donk Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donk Know

17. INFORMANT (ADDRESS) Eugene Craig
Kenett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE North DATE 4-7 1935

19. UNDERTAKER (ADDRESS) Funeral Home
Kenett Mo.

20. FILED 4-9 1935 Thayer Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1935, to 4-5 1935

I last saw him alive on 4-5 1935 Death is said to have occurred on the date stated above at 6 a. m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset _____

Other contributory causes of importance:
Cryosplenic focus

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) Thayer Davis, M. D.
 (Address) Kenett Mo.

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.

