

AUG 19 1933

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

Do not use this space.

23701

1. PLACE OF DEATH

County MadisonRegistration District No. 538

Township

Primary Registration District No. 3628City Fredericktown Mo. (No.)

File No.

Registered No. 45

St. Ward)

2. FULL NAME Pearl M. 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 <u>Fi.</u>	4. COLOR OR RACE <u>negro.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack Craig6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>6</u>	<u>19</u>	

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) Madison Co. Mo13. NAME Joe Sides14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merquand Mo15. MAIDEN NAME Luey Bante16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fronton Mo17. INFORMANT Jack Craig
(ADDRESS) Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fredericktown Mo DATE July 7, 193319. UNDERTAKER Ed. H. Wells
(ADDRESS) Fredericktown Mo20. FILED July 6, 1933 S. C. Slaughter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 193322. I HEREBY CERTIFY That I attended deceased from July 3, 1933, to July 5, 1933I last saw deceased alive on July 5, 1933. Death is saidto have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Date of onset 1933of stomachOther contributory causes of importance: NoneName of operation None Date of NoneWhat test confirmed diagnosis? None 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? NoIf so, specify S. C. Slaughter, M. D.(Signed) Fredericktown Mo(Address) Fredericktown 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.

By: B. Schwaner

