

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.

NOV 26 1935

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

Do not use this space.

33069

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township St. Louis Primary Registration District No. 2002
 City Joplin (No. 1910, Illinois) St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1310 Illinois 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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Craig</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1st 1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>3</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R.P. Section K.P.S.P.R.</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis mo</u>	
	13. NAME <u>Thomas Craig</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Katherine Craig</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	17. INFORMANT (ADDRESS) <u>Cassette Rawlinson Joplin mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laguard Cemetery</u> DATE <u>Oct 10</u> 19 <u>35</u>	
	19. UNDERTAKER (ADDRESS) <u>Zopher Mothman</u>	
	20. FILED <u>10-9-35</u> <u>Ed J. Jones</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1935, to 9-2, 1935

I last saw him alive on 9-2, 1935. 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:

Cardio-Renal Disease Date of onset _____

Other contributory causes of importance

Arteriosclerosis

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) Wm. James M. D.

(Address) Joplin, Mo

