

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.

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

Do not use this space.

DEC 12 1935

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis** (No. **5616**, **Pershing Cr**)

File No. **37984**
Registered No. **9996**
St. Ward)

2. FULL NAME

John Summing Craig
(a) Residence No. St. **5** 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**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 17th 1851**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Real Estate**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Prof.**
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

13. NAME **Peter Craig**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

17. INFORMANT **Balfour Craig** (ADDRESS) **616 Pershing Cr**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles** DATE **11-29** 19**35**

19. UNDERTAKER **Arthur J. Donnell, & Co** (ADDRESS) **2840 Lafayette, Mo**

20. FATHER **J. Bredeck** (ADDRESS) **4660 Maryland**

NOV 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-27**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **11-12**, 19**35**; to **11-27-35**, 19**35**.

I last saw him alive on **11-26-35**, 19**35**. Death is said to have occurred on the date stated above, at **2:50** p.m.

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

Broncho-pneumonia Date of onset **11/25/35**

Other contributory causes of importance:

Sensibility
Senile desentia

Name of operation **none** 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**35**.

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) **W. B. Riley**, M. D.

(Address) **4660 Maryland**

Mr. Wm. H. Kelley

Rockledge, Fla.

11. 9