NOV 16 1936

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

Do not use this space.

37665

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4515
City Kansas City (No. O. Trinity Hosp. St. Ward)

2. FULL NAME Robert B. Craig
(a) Residence, No. Trinity Hospital Ward. Braymer, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st 1879

7. AGE — YEARS 57 — MONTHS 6 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine
10. Date deceased last worked at this occupation (month and year) Oct. 9 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Wm H. Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

MOTHER
15. MAIDEN NAME Mary A. Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

17. INFORMANT (ADDRESS) Mrs. S. W. Fair 7308 Washington K.C.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Braymer DATE Oct. 12th 1936

19. UNDERTAKER (ADDRESS) E. P. Michael Braymer, Mo.

20. FILED Oct 12 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1936, to Oct 12, 1936
I last saw him alive on Oct 12, 1936. 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:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Name of operation Appendicitis Date of Oct 8 36
What test confirmed diagnosis? Operation 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) K S Hickok, M. D.
(Address) 1025 Knolls Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-3-28-35