

MAN 28 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

43642

1. PLACE OF DEATH

County..... ADAIR ..... Registration District No. .... 4 .....  
Township..... BENTON ..... Primary Registration District No. .... 3001 .....  
City..... KIRKSVILLE MO. (No. .... LAUGHLYN HOSPITAL ..... St. .... Ward) .....  
Registered No. .... 283

2. FULL NAME..... NELLIE CRAIG

(a) Residence, No. .... 615 E MCPHERSON ST ..... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX ..... FEMALE .....  
4. COLOR OR RACE ..... WHITE .....  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ..... MARRIED .....  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ..... JOHN W CRAIG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ..... MAY 3 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
47 7 6

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) ..... 12 8 1936 ..... 11. Total time (years) spent in this occupation ..... 128

12. BIRTHPLACE (CITY OR TOWN) ..... MACON CO MO (STATE OR COUNTRY)

13. NAME ..... JAMES HINES

14. BIRTHPLACE (CITY OR TOWN) ..... MACON CO MO (STATE OR COUNTRY)

15. MAIDEN NAME ..... MAGGIE MASON

16. BIRTHPLACE (CITY OR TOWN) ..... KENTUCKY (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) ..... J. W. Craig KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE ..... HIGHLAND PARK DATE ..... Dec 11 1936

19. UNDERTAKER (ADDRESS) ..... DAVIS & WILSON KIRKSVILLE MO

20. FILED ..... Dec 14 1936 Spencer S. Freeman Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ..... Dec 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1936 to Dec 9 1936

I last saw her alive on Dec 9 1936. Death is said to have occurred on the date stated above, at 7 P. m.

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

Acute heart failure  
Chronic endocarditis

Other contributory causes of importance:  
Chronic subcutaneous

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? 126

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) ..... M. D.

(Address) ..... Kirksville Mo.

Exact statement of OCCUPATION is very important.

