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.

JAN 18 1937

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

Do not use this space.

File No. 44024

Registered No. 428

1. PLACE OF DEATH

County Cape Girardeau. Registration District No. 127

Township Cape Girardeau Primary Registration District No. 5178

City ..... (No. Cape Girardeau, Mo. R.F.D. #1 St. ..... Ward)

2. FULL NAME Voren Francis Craig.

(a) Residence, No. Cape Girardeau, Mo. R.F.D. #1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male.	White.	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 6, 1867.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69.	6.	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer.

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) Huston Co Tenn.

FATHER

13. NAME Robert Craig.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huston Co Tenn.

MOTHER

15. MAIDEN NAME Alice Perry.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huston Co Tenn.

17. INFORMANT Mrs Fannie Craig.
(ADDRESS) Cape Girardeau Mo R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hobbs Chappel Cemt. DATE Dec, 24, 1936

19. UNDERTAKER Hamann's Funeral Home.
(ADDRESS) Cape Girardeau Mo.

20. FILED 12-22-1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/22/36, 1936, to Dec 22, 1936

I last saw h. alive on Dec 21, 1936 Death is said to have occurred on the date stated above, at 1155Am.

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

	Date of onset
Coronary occlusion.	12/1/36
Hypertension.	

Other contributory causes of importance .....

Name of operation None Date of .....

What test confirmed diagnosis? Bed sp. 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? .....

If so, specify .....

(Signed) C. J. Shepard, M. D.

(Address) Cape Girardeau