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-11-24-33

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

JUL 13 1936

Do not use this space.

File No. 48409

Registered No. 832

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township ~~Washington~~ — Primary Registration District No. 1001

City St. Joseph (No. 2103 South 4 Street St. Ward)

2. FULL NAME John Tommy Craig

(a) Residence, No. 2103 South 4 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1936

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

OCCUPATION

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

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) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John H. Craig

14. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Nellie M. Owens

16. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

17. INFORMANT John H. Craig
(ADDRESS) 2103 So. 4th - St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Mora Cem. DATE June 22, 1936

19. UNDERTAKER Heaton-BeGole & Bowman
(ADDRESS) 319 South 10 Street

20. FILED June 22, 1936 H. J. Westhauser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-20-, 1936, to 6-20, 1936

I last saw h.... alive on Never, 19.... Death is said to have occurred on the date stated above, at Before Birth.

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

	Date of onset
Prematurity	
Monstrosity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No

If so, specify .....

(Signed) E. E. Wadlow, M. D.

(Address) 620 Francis St., St Joseph