

MAY 18 1937

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

Do not use this space.

15872

## 1. PLACE OF DEATH

County CallawayRegistration District No. 102Township JacksonPrimary Registration District No. 4062City Auxvasse (No. ....) St. .... Ward

File No. ....

Registered No. 408

## 2. FULL NAME

George Lewis Craghead

(a) Residence, No. .... 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Craghead6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24-18597. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 6 198. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse

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) Callaway Co. Mo.13. NAME Thomas Craghead14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir.15. MAIDEN NAME Mary Ann Gilbert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir.17. INFORMANT Miss Irma Craghead (ADDRESS) Auxvasse, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Auxvasse DATE 4/14 192719. UNDERTAKER Angela Mauzy (ADDRESS) Auxvasse Mo.20. FILED April 10 1937 A. B. Nichols Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 193722. I HEREBY CERTIFY That I attended deceased from March 10 1937 to April 13 1937I last saw him alive on April 13 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Mitral Insuffici-  
encyOther contributory causes of importance: None

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) A. B. Nichols M. D.(Address) Auxvasse Mo

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.

