JUL 10 1937

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

Do not use this space.

22830

File No. 2525

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Robert Craig

(a) Residence, No. 810 Harrison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1937

7. AGE — YEARS: — MONTHS: 4 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Mountain Grove, Mo.

FATHER

13. NAME Erwin Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby, Mo.

MOTHER

15. MAIDEN NAME Opal Peters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Grove, Mo.

17. INFORMANT (ADDRESS) Mrs. Opal Craig - 810 Harrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Purdin, Mo. DATE 6-20-37, 19

19. UNDERTAKER (ADDRESS) QUIRK AND TOBIN COMPANY 20 W. Linwood

20. FILED 6-19, 1937 M.M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17/37, 19

22. I HEREBY CERTIFY That I attended deceased from Arpenty Arrow, 19 to, 19

I last saw h... alive on 8 30 p, 19 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:

Thymus hyperplasia
Status lymphaticus

Date of onset

Other contributory causes of importance: 67

no

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? yes

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 4

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [illegible]

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.

SUM-1 22-38 X9314