JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Callaway
Township
City Fulton (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. 23324
Registered No. 158

2. FULL NAME Zella Craighead
(a) Residence, No. Fulton Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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~~ Claude Craighead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1884 ?

7. AGE: YEARS 53 ? 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. Housewife
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) Fulton, Missouri

FATHER
13. NAME Benjamin Frevell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Tennessee

MOTHER
15. MAIDEN NAME Eliza Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co Missouri

17. INFORMANT (ADDRESS) Hospital records. Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Unity Cemetery DATE June 19 1937

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton Missouri

20. FILED June 19 1937 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to June 17, 1937
I last saw her alive on June 17, 1937 Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	D.K
Other contributory causes of importance: Chronic myocarditis	D.K.

66B

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?
If so, specify
(Signed) Katherine O. Shirley, M. D.
(Address) State Hospital #1. Fulton, Missouri

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.

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