

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

Do not use this space.

AUG 23 1937

1. PLACE OF DEATH

County Grundy Registration District No. 119 File No. 27291
Township Marion Primary Registration District No. 545HA Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John S Craig
(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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1854

7. AGE YEARS 83 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Kirkcubright by Glasgow Scotland

13. NAME Geo Craig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Hazel Davies (ADDRESS) Post Box 1129

18. BURIAL, CREMATION, OR REMOVAL PLACE Rural Date DATE July 8 1937

19. UNDERTAKER E. J. Robertson (ADDRESS) Laride 1129

20. FILED July 20 1937 J. C. Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-8 1937 to 6-3 1937

I last saw him alive on 6-3 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 Stenosis Date of onset _____
Other contributory causes of importance: AD

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 suicide
Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____

(Signed) Ray J. Gray, M. D.
(Address) Laride, 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.

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OCCUPATION

MOTHER FATHER

