

OCT 25 1937

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

Do not use this space.

35084

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. McDonnell Hospital)

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered No. 2017 St. _____ Ward _____

2. FULL NAME

Tinette Craig
(a) Residence, No. 429 No. 9th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19th 1873</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>2</u>	DAYS <u>08</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 to Sept. 27-37
I last saw him alive on Sept. 26, 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

myocardial degeneration
chronic interstitial nephritis
Date of onset 1 mo?

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
13. NAME <u>no data</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>
15. MAIDEN NAME <u>"</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>

Name of operation not Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) L. E. Huber, M. D.
(Address) Moberly, Mo

17. INFORMANT (ADDRESS) <u>T. Craig</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>9-28th</u> 19 <u>37</u>
19. UNDERTAKER (ADDRESS) <u>W. A. Huber and Son</u>
20. FILED <u>Sept 28 1937</u> <u>Ethel Blubaugh</u> Registrar

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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