NOV 24 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Texas
Township Carroll
City Summersville-Mo No. St. Ward)

Registration District No. 1077
Primary Registration District No. 6140

File No. 39027
Registered No. 30

2. FULL NAME Elmer R. 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.

07

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Dicie Smallwood Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 22-1897

7. AGE YEARS 40 MONTHS — DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka. Kansas.

FATHER
13. NAME George W. Craig.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas.

MOTHER
15. MAIDEN NAME Katie Craig.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas.

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17. INFORMANT (ADDRESS) Edward Craig Summersville - Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bethal Cemetery DATE Oct 29 1937

19. UNDERTAKER (ADDRESS) W. C. Vance Summersville - Mo.

20. FILED 10/29/1937 J B McDaniels M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/18/, 1937, to 3/28/, 1937. I last saw him alive on 3/28/, 1937. Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

Double Bronchoch Pneumonia

11A

Date of onset

Other contributory causes of importance:

Influenza

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J B McDaniels, M. D.
(Address) Summersville Mo

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.

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