

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.

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85  
Township WASHINGTON Primary Registration District No. 1000  
City ST. JOSEPH (No. 722 1/2) ROBIDOUX ST.

File No. 44735  
Registered No. 1340  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME ARTHUR PRICE CRAIGHILL

(a) Residence, No. 722 1/2 ROBIDOUX ST. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>DELLA CRAIGHILL</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>OCT. 5, 1873</b>		
7. AGE	YEARS	MONTHS
	<b>64</b>	<b>2</b>
		DAYS
		<b>4</b>
		IF LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>EM PLOYEE</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>COMBE PRINTING CO.</b>		
10. Date deceased last worked at this occupation (month and year) <b>Dec. 1937</b>		
11. Total time (years) spent in this occupation <b>36</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>EASTON MISSOURI</b>		
13. NAME <b>SAM CRAIGHILL</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>UNKNOW:IN VIRGINIA</b>		
15. MAIDEN NAME <b>SARAH C. BARROW</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>UNKNOW:IN MARYLAND</b>		
17. INFORMANT (ADDRESS) <b>DELLA CRAIGHILL 722 1/2 ROBIDOUX ST.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>HOPKINS, MO.</b> DATE <b>DEC. 11, 1937</b>		
19. UNDERTAKER (ADDRESS) <b>FLEEMAN &amp; SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.</b>		
20. FILED <b>12/10 1937 J. H. Madsen Registrar.</b>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **DEC. 9, 1937** . 19

22. I HEREBY CERTIFY, That I attended deceased from **12-8-** 1937, to **12-9-** 1937  
I last saw him alive on **12-8-** 1937. Death is said to have occurred on the date stated above, at **1:50 A.M.**  
The principal cause of death and related causes of importance were as follows:  
**Cerebral hemorrhage**  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
**hypertension**

Name of operation **None** Date of \_\_\_\_\_  
What test confirmed diagnosis? **clinical** 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify \_\_\_\_\_  
(Signed) **Paul Ferguson** M. D.  
(Address) **St. Joseph, Mo**

