

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township McCredie
City (No. 2)

Registration District No. 104
Primary Registration District No. 5151

File No. 6277
Registered No. 60

2. FULL NAME

(a) Residence, No. John Henry Craighoad 623 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 10 3

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

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) Dec 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Mark A. Craighoad

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

15. MAIDEN NAME Barbara A. Hales

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

17. INFORMANT Jack Craighoad (ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillscrest Cemetery DATE Feb. 23, 1938

19. UNDERTAKER W. H. Hales (ADDRESS) Fulton, Mo

20. FILED Feb 23 1938 R. N. Cream Registrar. 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-1938

22. I HEREBY CERTIFY, That I attended deceased from the dead body, 19 9:45 pm 2-21-1938

I last saw him alive on _____, 19 ____ Death is said to have occurred on the date stated above, at 8:45 m.

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

Suspect Angina Pectoris Date of onset 2/1/38

94 R.

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis Phys Exam 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? No
If so, specify _____

(Signed) R. N. Cream, M. D.
Callaway Co Mo (Address) Fulton 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.

