

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.

REC'D MAR. 23 1938

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

Do not use this space.

58

## 1. PLACE OF DEATH

County Randolph  
Township Prairie  
City (No. \_\_\_\_\_)

Registration District No. 736  
Primary Registration District No. 5454

File No. 7946  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary Jane Craig 620

(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 F 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

W. T. Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 4 18

OCCUPATION

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

Bookkeeper

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)

Illinois 1

FATHER

13. NAME

John Martin 1

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

Ill. 1

MOTHER

15. MAIDEN NAME

Sarah Crawford

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

Ill.

17. INFORMANT (ADDRESS)

Mrs. C. E. Ruckman  
John, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chapel Grove DATE Feb. 13 1938

19. UNDERTAKER (ADDRESS)

Barnes & Booth  
Surgeon, Mo.

20. FILED

Feb. 16 1938

G. J. Timbrough

Regist'ar

1163

(Address)

Clark Mo.

1163

(Address)

Clark Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1 1938 to Feb. 9 1938  
I last saw her alive on Feb. 6 1938. Death is said

to have occurred on the date stated above, at 11 9 m.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

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) No Ralworth \_\_\_\_\_, M. D.

Clark Mo.

