

RECD OCT 19 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Richland Primary Registration District No. 3008
 City Fulton (No. _____) St. _____ Ward _____
 2. FULL NAME George Elley Craig 6:20
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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. _____
 (If nonresident, give city or town and State)

File No. 31849
 Registered No. 236
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1854

7. AGE YEARS 84 MONTHS 7 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Missouri

FATHER 13. NAME William Toliver Craig

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

MOTHER 15. MAIDEN NAME Sidney Smith

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

17. INFORMANT Rosace Craig (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland Christian DATE Sept 29, 1938

19. UNDERTAKER Earl G. Wallace (ADDRESS) Fulton, Mo.

20. FILED 9/28/38 19.38 R. N. Crewe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938, to Sept 27, 1938. I last saw him alive on Sept 27, 1938. Death is said to have occurred on the date stated above, at 4:05 p. m. The principal cause of death and related causes of importance were as follows:
Arterio-Sclerosis
General paresis
Courtesy
 Date of onset _____
 Other contributory causes of importance: gangrene of foot
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence, fire) 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) R. N. Crewe, M. D.
106 (Address) Fulton, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

