

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

35073
 Do not use this space.

1. PLACE OF DEATH *3 Boone*

(a) County *Boone* Registration District No. *73*

(b) Township *Columbia* Primary Registration District No. *3006* Registered No. *233*

(c) City *Columbia* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Kenneth Theodore Craigo*

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Virginia Craigo*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-13-1907*

7. AGE YEARS *31* MONTHS *7* DAYS *22* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Day Laborer*

9. Industry or business in which work was done, as 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 Craigo*

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

MOTHER 15. MAIDEN NAME *Sarah J Jeffries*

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

17. INFORMANT (ADDRESS) *Borley Craigo Columbia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Columbia Mo* DATE *10-7-38*

19. FUNERAL DIRECTOR (ADDRESS) *W H Vandevanter Columbia Mo*

20. FILED *10/6/38* *Allie Selby* Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 5 - 1938*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

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

Acute Nephritis
Cholelithiasis
Extreme jaundis

Date of onset _____

Other contributory causes of importance: *126*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *yo*

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) *M P Tolson* _____ M. D.
 (Address) *Columbia Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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STATEMENT BY LICENSED EMBALMER

I, W. H. Vandeventer

Licensed Embalmer No.

7494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me

L. E.

No. _____ or by _____

Registered Apprentice No.

working under my personal supervision.

Signed

W. H. Vandeventer

Licensed Embalmer No.

7494

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)