

REC'D MAY 22 1938

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

15625  
Do not use this space.

1. PLACE OF DEATH  
(a) County New Madrid Registration District No. 605  
(b) Township Woods Primary Registration District No. 4359 Registered No. ....  
(c) City ..... (d) Street No. ....  
(e) Length of residence in city or town where death occurred  yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth?  yrs. mos. ds.

2. PRINT FULL NAME 1030 Arilda Eugenia Craig  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1865

7. AGE YEARS 74 MONTHS 3 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Ill

13. NAME Geo. W. Perkins

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

15. MAIDEN NAME Eliza Miller

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

17. INFORMANT Frank Gacy (ADDRESS) Parma Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vincennes Cem DATE Apr 1 1939

19. FUNERAL DIRECTOR (NAME) Watkins (ADDRESS) Deppes, Mo

20. FILED 4/4 1939 Dr. Geo. W. Ruster Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1939 to Mar 31 1939  
I last saw him alive on Mar 25 1939 Death is said to have occurred on the date stated above, at 3:08 m.  
The principal cause of death and related causes of importance were as follows:  
Cardiac decomposition Date of onset No

Other contributory causes of importance: .....

Name of operation Chinical 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 Chinical

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Chinical (Signed) Geo. W. Ruster, M. D.  
(Address) Parma Mo

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STATE OF TEXAS  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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

**If this body is not embalmed, above space should be left blank.**