

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

Do not use this space.

JAN 1 8 1935

1. PLACE OF DEATH

County Moniteau
Township William Jack
City Tipton

Registration District No. 575
Primary Registration District No. 4329

File No. 43748
Registered No. _____
St. _____ Ward _____

2. FULL NAME John Craig

(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 Male	4. COLOR OR RACE Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Clara Craig		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January, 24, 1874		
7. AGE YEARS 60	MONTHS 10	DAYS 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Industrial Home Tipton, Mo.		
10. Date deceased last worked at this occupation (month and year) AUGUST, 1933		11. Total time (years) spent in this occupation 12 yrs.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County, Missouri		
13. NAME Samuel Craig		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Emily Gilmore		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT Clara Craig (ADDRESS) Tipton, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton, Mo. DATE 12/12/34		
19. UNDERTAKER Janece E. Richards (ADDRESS) Tipton, Mo.		
20. FILED 12/11 19 34 Mrs. Susie W. ... Registry		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/9/34**

22. I HEREBY CERTIFY, That I attended deceased from **8:30** 19 **34** to **8:00** - **9:00** 19 **34**
I last saw him alive on **Dec 9** 19 **34** Death is said to have occurred on the date stated above, at **9:00 p.m.**
The principal cause of death and related causes of importance were as follows:
apoplexy
82A
Other contributory causes of importance:
gma

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **no**

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) **G. S. Wilson**, M. D.
(Address) **Tipton, 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.

1935

642

