

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

JUN 1 1940

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

Do not use this space.

19682

1. PLACE OF DEATH
County Schuylers Registration District No. 806
Township Praille Primary Registration District No. 6051
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Mary Craig
(a) Residence, No. Downing St. mo. Rural
(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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Chas. Craig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1861

7. AGE YEARS 78 MONTHS 5 DAYS 9
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Schuylers Co mo.

13. NAME Christopher Weitzel

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

15. MAIDEN NAME Wilhelmina Kethe

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

17. INFORMANT Emma Craig (ADDRESS) Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Germania Congregate May 22 1940

19. UNDERTAKER Morehead (ADDRESS) Lancaster, Mo.

20. FILED May 22 1940 J. T. Jones - Olive Jones dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1940 to May 20 1940
I last saw her alive on May 19 1940. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset _____
Other contributory causes of importance: 121
Myocarditis
Chronic Nephritis

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? no
If so, specify _____
(Signed) R. E. Vaughn M.D. 3 P.O.
718 (Address) Lancaster, Mo.

RECEIVED

District Health Officer No. 10

District File Number 6-40-1253

Date Filed JUN 13 1940