

STATE OF KANSAS

STANDARD

State Board of Health—Division of Vital Statistics

CERTIFICATE OF DEATH

Do not write

289 13981

In this space

1 PLACE OF DEATH: County Shawnee
 Township Lapeka Registered No. 3105
 or City Lapeka No. 1023 Lane St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Harry Craig CITY
 (a) Residence. No. 1023 Lane St. Ward
 (Usual place of abode.) (If nonresident, give city or town and state.)
 Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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) Married

5a If married, widowed, or divorced HUSBAND of Minnie Craig (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18, 1854

7 AGE Years 75 Months 0 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 years
 (c) Name of employer

9 BIRTHPLACE (city or town) near Franklin Ind
 (State or country)

10 NAME OF FATHER John R Craig

11 BIRTHPLACE OF FATHER (City or town) Unknown
 (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Lucinda Wheat

13 BIRTHPLACE OF MOTHER (City or town) Unknown
 (State or country) Kentucky

14 Informant Lara Craig
 (Address) 1023 Lane

15 Filed Jul 22 1929 Registrar

16 DATE OF DEATH (month, day, and year) July 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1928, to July 22 1929, that I last saw him alive on July 22 1929

and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH * was as follows:

Cerebral hemorrhage
7/2 (duration) 2 yrs. mos. da.

CONTRIBUTORY Arteriosclerosis
 (Secondary) (duration) 2 yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Biopsy
 (Signed) W. H. Hedding M. D.

July 24 1929 (Address) Waller Ave

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burlington, Mo DATE OF BURIAL July 24 1929

20 UNDERTAKER THE WALL-DIFFENDERFER MORTUARY CO ADDRESS Lapeka