

*Leaf - 2500*

1 PLACE OF DEATH

County *Madison*

Vot. Prec. *South Carroll*

Inc. Town .....

City ..... (No. *7121*) St. .... Ward .....

File No. **2547**

Registered No. ....  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *Jessie William Craig*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*  
 (Write the word)

16 DATE OF DEATH *Jan 15*, 1914  
 (Month) (Day) (Year)

6 DATE OF BIRTH *Jan 3*, 18*49*  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 13*, 1914, to *Jan 15*, 1914, that I last saw him alive on *Jan 15*, 1914, and that death occurred, on the date stated above, at *10 p.m.*  
 The CAUSE OF DEATH\* was as follows:

7 AGE *65* yrs. *4* mos. *12* ds. If LESS than 1 day ... hrs. or ... min.?

*Concussion of the Brain caused from a fall out the door*  
 (Duration) ... yrs. ... mos. *3* ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work. *None*  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Madison Ky*

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.

10 NAME OF FATHER *Green Craig*

11 BIRTHPLACE OF FATHER (State or country) *Madison Co Ky*

12 MAIDEN NAME OF MOTHER *Susan Floyd*

13 BIRTHPLACE OF MOTHER (State or country) *Poole Co Ky*

(Signed) *J. R. Barnes*, M. D.  
*Jan 16*, 1914 (Address) *South Carroll*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
 At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) *R. S. Craig*  
 (Address) *South Carroll*

19 PLACE OF BURIAL OR REMOVAL *Greenville* DATE OF BURIAL *Jan 17*, 1914

15 Filed *Jan 16*, 1914 *W. H. Hatcher*  
 REGISTRAR

20 UNDERTAKER *Madison Co* ADDRESS *Greenville*

\*A. 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. See instructions on back of certificate.