D. V. S.—Form 2
MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. Each statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (Dist. No. 2021) Series No. 361 Division of Vital Statistics
(TO BE INSERTED BY LOCAL REGISTRAR)

County. Kanawha

District. Charleston

Town or City. Charleston No. W. Va. State Hosp. St. Ward.
(IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

West Virginia State Department of Health

CERTIFICATE OF DEATH 6328
(FOR STATE REG. NUMBER)

2. FULL NAME James W. Craig

(a) Residence. No. 1115 W. Va. St. Ward.
(USUAL PLACE OF ABODE) (IF NOT RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. IF MARRIED, WIDOWED, OR DIVORCED: Husband of (or) Wife of: Ella Craig

6. DATE OF BIRTH (month, day, and year): July 21 1857

7. AGE: Years 83 Months 10 Days 25 If less than 1 day, hrs. or min.

OCCUPATION:
8. TRADE, PROFESSION, or particular kind of work done, as spinner, weaver, bookkeeper, etc.: Porter Contractor
9. INDUSTRY OR BUSINESS, in which work was done, as cotton mill, bank, etc.: Painting
10. DATE DECEASED LAST WORKED at this occupation (month and year): May 24
11. TOTAL TIME (years) spent in this occupation: 60 yrs

12. BIRTHPLACE (city or town) (State or Country): Kanawha Co. W. Va.

FATHER:
13. NAME: J. W. Craig

14. BIRTHPLACE (city or town) (State or Country): Ky

MOTHER:
15. MAIDEN NAME: Martha Craig

16. BIRTHPLACE (City or Town) (State or Country): Ky

17. INFORMANT (Address): James C. Craig

18. BURIAL, CREMATION, OR REMOVAL: Place Kanawha Co. W. Va. Date May 27 1925

19. UNDERTAKER Signature: John Thomas Hayes (Address): Kanawha No. 647

20. Filed 6-3-25 Hugh A. Robinson Registrar.

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year): May 24 1925

22. I HEREBY CERTIFY, That I attended deceased from May 22 1925, to May 24 1925, That I last saw h alive on May 24 1925, Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and the chief causes of importance are related in order of events as follows:

	Date of onset
Cerebral Hemorrhage	6 hrs
Chronic Nephritis	1 yr
Arterio Sclerosis	2 yrs

Contributory causes of importance not related directly to cause given:

Name of physician who attended deceased: Dr. Alexander Date of last visit May 24

What test confirmed diagnosis? Clinical

Was there an autopsy? No

23. If death was due to external causes, fill in also the following:
(Cir.) Accident—Suicide—Homicide? Date of injury ... (Hr.)
Where did injury occur? (Specify City or Town, County, and State)
Check whether injury occurred in industry ... home ... public place ...
Nature of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, which?

(Signed) M. M. Maund M.D.
(Address) Charleston W. Va.