

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

Do not use this space.

13431

1. PLACE OF DEATH

17 County Carroll Registration District No. 135-
Township _____ Primary Registration District No. 3010
4 City Carrollton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 42
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Cary</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-7-1845</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>8</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2 1/2</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1931
22. I HEREBY CERTIFY, That I attended deceased from 4 20, 1931, to 4 24 31, 1931.
I last saw him alive on 4 20, 1931. Death is said to have occurred on the date stated above, at 6:00 AM.
The principal cause of death and related causes of importance were as follows:

Myocardial
arteriosclerosis
12 1/2
97
Other contributory causes of importance: _____
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
13. NAME <u>Aaron Baker</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) <u>P. N. Caryon</u> <u>Carrollton, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cem</u> DATE <u>4-26-31</u>
19. UNDERTAKER (ADDRESS) <u>Standley Funeral Home</u> <u>Carrollton, Mo</u>
20. FILED <u>4-26-1931</u> Mrs. E. E. Farnham Registrar

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? _____
If so, specify _____
(Signed) A. M. Keenan, M. D.
(Address) Carrollton 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 2 1 1931

