

DEC 20 1930

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

Do not use this space.

35567

1. PLACE OF DEATH

County Carroll,  
Township Washington,  
City (No. ....) .....

Registration District No. 138  
Primary Registration District No. 5203

File No. ....  
Registered No. 41  
St. .... Ward

2. FULL NAME Carol Jean Lafferty,

(a) Residence No. .... St. .... Ward. ....  
(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, Single,  
DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF -----  
(OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November-13-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
0 0 26

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

9. BIRTHPLACE (CITY OR TOWN) Carroll County,  
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Carl Lafferty,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri,  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Pearl Johnson,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No  
(STATE OR COUNTRY)

14. INFORMANT Carl Lafferty,  
(Address) Braymer, Mo. R.F.D.

15. Nov. 21, 1930 E. P. Musson, M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1930, to Nov. 19 1930, that I last saw her alive on Nov. 18, 1930, and that death occurred, on the date stated above, at 1:00 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
324

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 76

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms

(Signed) Geo. S. Dawell M. D.

Nov. 19, 1930 (Address) Braymer, Mo.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Plymouth Cemetery, Nov. -21st. -1930

20. UNDERTAKER ADDRESS  
E. P. Michael - Braymer, 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.

