

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.

AUG 25 1931

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

Do not use this space.

24454

1. PLACE OF DEATH

County Carroll

Registration District No. 139-

Township

Primary Registration District No. 3610

City Carrollton (No.)

File No.

Registered No. 65-

St. Ward

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Rea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-4-1850

7. AGE YEARS 80 MONTHS 6 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo.

13. NAME John Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Henrietta Hancock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo.

17. INFORMANT (ADDRESS) Mrs. Milton Standley Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE 7-3-31

19. UNDERTAKER (ADDRESS) Standley Carrollton, Mo.

20. FILED 7/2 1931 Mrs. E. E. Pamham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-1931

22. I HEREBY CERTIFY, That I attended deceased from

12 to 6-30 1931

I last saw her alive on 6-30 1931. Death is said

to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset

131 131

Other contributory causes of importance:

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

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? no

If so, specify

(Signed) William J. Atwood M. D.

(Address) Carrollton, Mo.

