

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

Do not use this space.

15654

REC'D MAY 17 1938

**1. PLACE OF DEATH**

County Ray

Township Carroll

City Carroll

Registration District No. 743

Primary Registration District No. 4445

File No. ....

Registered No. 6

St. .... Ward

**2. FULL NAME**

(a) Residence, No. ....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

St. ....

Ward. ....

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

Millie Sharp

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Sept 24 1893

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

44

6

10

**OCCUPATION**

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

Farmer

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 Life

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Ray Co. Mo

**FATHER**

**13. NAME**

George Mills

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

Kentucky

**MOTHER**

**15. MAIDEN NAME**

Marthy Challenge

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Ray Co. Missouri

**17. INFORMANT (ADDRESS)**

Wife. - snip mo

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Union Cent

DATE April 6

**19. UNDERTAKER (ADDRESS)**

Samuel & Turner snip mo

**20. FILED**

5/1

1938

C. H. White

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

Apr 4

1938

**22. I HEREBY CERTIFY, That I attended deceased from**

19...., to 19....

I last saw him alive on 19.... Death is said

to have occurred on the date stated above, at 9 A. m.

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

Date of onset

Acute Alcoholism  
Found dead

1 week

Other contributory causes of importance:

7512-

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

**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? no**

If so, specify

(Signed) D. W. Garner, M. D.

(Address) Richmond, Mo.

