

MAR 13 1928

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

Do not use this space.

4263

1. PLACE OF DEATH

County Cassell
Township Carrollton
City Carrollton (Name)

Registration District No. 135
Primary Registration District No. 3010

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME May W. Mirick

(a) Residence No. 1 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Mirick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 21-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 11 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER John L. Mirick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Paul Graham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

14. INFORMANT Bess Mirick
(Address) Carrollton MO

15. FILED 2-7-28 1928 ms. E. E. Farnham
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6th 1928

17. I HEREBY CERTIFY That I attended deceased from _____, 1928, to Feb 6, 1928, that I last saw him alive on Feb 6, 1928, and that death occurred, on the date stated above, at 10:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile
97
1629/18
_____ (duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY Cerebral Sclerosis
(SECONDARY)
_____ (duration) 4 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. H. Cook, M. D.
Feb 7, 1928 (Address) Carrollton 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 Oak Hill Cem DATE OF BURIAL 2-8 1928

20. UNDERTAKER Milton Standley 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.

