1928

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

Do not use this space. 15538

File No. 10 15808

Registered No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 5

1. PLACE OF DEATH
County Shelby — Registration District No. 830
Township Salt River — Primary Registration District No. 6091
City Lakenan (No. ..... St. ..... Ward)

2. FULL NAME John R. Carrico
(a) Residence: No. ..... St., ... Ward, ... (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Carrico.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 7 1845

7. AGE: Years 83 | Months 2 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 1920 1930
(b) General nature of industry, business, or establishment in which employed (or employer): 1950
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Monroe

PARENTS
10. NAME OF FATHER Joe Carrico
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Monroe
12. MAIDEN NAME OF MOTHER Matilda Stuck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Monroe

14. INFORMANT Mrs. E. C. Buckmann
(Address) Lakenan, Mo.

15. Filed May 10 1928 Nelle Gooch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3. 1928

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1928, to ..... 19..... that I last saw him alive on March 26, 1928, and that death occurred, on the date stated above, at 7:00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Secondary Nephritis — Dilated Heart — Albuminuria — Oedema — Had been complaining of gen. breakdown for month (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Old age (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical History

(Signed) J. D. Lanetta, M. D.
, 19 (Address)

*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: Monroe — DATE OF BURIAL: April 4 1928

20. UNDERTAKER: Ezra Peter — ADDRESS: Shelbina Mo.