

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

Do not use this space.

17548

1. PLACE OF DEATH

County Jefferson
Township St. Albans
City Crystal City Mo

Registration District No. 421
Primary Registration District No. 5573

File No. _____
Registered No. 42
St. _____ Ward _____

2. FULL NAME

Thelma Philippine Carron

(a) Residence No. Crystal City Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Female 21-29-1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1-7 | 10 | 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work shirt sewing
(b) General nature of industry, business, or establishment in which employed (or employer) shirt factory
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bloomdale
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Carron

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomdale
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Kate LaRose

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomdale
(STATE OR COUNTRY) Mo

14. INFORMANT Miss Carron
(Address) Crystal City Mo

15. FILE NO. 5-18-28 19. Jo Pittledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1928

17. I HEREBY CERTIFY, That I attended deceased from May 3rd 1928, to May 7 1928, that I last saw her alive on May 6 1928, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Meningitis (Septic)
TAH
151A

CONTRIBUTORY (SECONDARY) Casualty of face and lips
(duration) yrs. mos. da. about 10

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Cunningham, M. D.
May 7, 1928 (Address) Crystal City 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 Crystal City Mo DATE OF BURIAL May 9 1928

20. UNDERTAKER Wesley J. Vinyard ADDRESS Crystal City 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.

THIS CERTIFICATE IS A PERMANENT RECORD

