

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

Do not use this space.

10010

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson No. _____ St. _____ Ward _____

File No. _____
Registered No. 654
St. _____ Ward _____

2. FULL NAME

Mrs. Mary M. Carrell
(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. 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) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. E. Carrel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28-1884
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 44 11 8

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Mo

10. NAME OF FATHER W. M. Lamphun

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

12. MAIDEN NAME OF MOTHER Lavina Jewely

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

14. INFORMANT (Address) H. E. Carrel Jefferson City Mo

15. FILED 3.6.29 Swissford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental hypoxia
Coroners request
reburied
183
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 182
(duration) _____ yrs. _____ mos. _____ da.

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

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E. H. Thomas, M. D.
Mar 5. 1929 (Address) Jefferson 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 Lamphun Cemetery DATE OF BURIAL 3/6 1929

20. UNDERTAKER Wynne & Gordon ADDRESS JE 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.

24 1929
226
83

235

PARENTS

