

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

Do not use this space.

18587  
22 14

**1. PLACE OF DEATH**

County Johnson  
Township Warrensburg  
City Warrensburg (No. \_\_\_\_\_)

Registration District No. 431  
Primary Registration District No. 3023

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-1-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 5 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Labour  
(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) Oswego Mo.

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Warren Mo

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Oswego Mo.

**14.**

INFORMANT Minnie Carrall  
(Address) Warrensburg Mo

**15.**

FILED 5/16, 1929 Wm R Patterson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 15 - 1929

17. I HEREBY CERTIFY, That I attended deceased from April 9th, 1929, to May 15th, 1929, that I last saw him alive on May 14th, 1929, and that death occurred, on the date stated above, at 2-20 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Brain hemorrhage 3d  
attack two days prior to  
death.  
(duration) 2 yrs. 7 mos. ds.

**CONTRIBUTORY (SECONDARY)**

Arterio Sclerosis  
(duration) 3 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) W. H. Hall, M. D.

5/16, 1929 (Address) Warrensburg 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**

Luna Hill  
Warrensburg Mo

**DATE OF BURIAL**

5/16 - 1929

**20. UNDERTAKER**

W. H. Hall

**ADDRESS**

Warrensburg  
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.

