

MAR 28 1930

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

Do not use this space.

6140

1. PLACE OF DEATH

County St. Clair
Township Greene
City Orcola (No.)

Registration District No. 765
Primary Registration District No. 4460

File No.
Registered No. 3
St. Ward)

2. FULL NAME

William Carell

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Evelina Harper Carell

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

Feb 12 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>43</u>	<u>0</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Limestone Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Orcola, Missouri

(STATE OR COUNTRY)

St. Clair

10. NAME OF FATHER

Alfred Carell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Little Rock

(STATE OR COUNTRY)

Arkansas

12. MAIDEN NAME OF MOTHER

Betty Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Sherman

(STATE OR COUNTRY)

Texas

14. INFORMANT

Betty Cox Carell

(Address)

Orcola, Mo.

15. FILED

3/1 1930 Ruth Seavers
120 REGISTRAR

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

Feb. 14 1930

17. I HEREBY CERTIFY, That I attended deceased from 14 1930 to 15 1930 that I last saw him alive on Feb. 17 1930 and that death occurred, on the date stated above, at 2-15 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Crushed by falling Rock
2016

CONTRIBUTORY (SECONDARY)

none

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

no DATE OF 1-17

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

W. Howard, M. D.

2-15, 1930 (Address) Orcola

*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

DATE OF BURIAL

Orcola Cemetery 2/16 1930

20. UNDERTAKER

ADDRESS

McClurey Custom Orcola, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

