

SEP 24 1930

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

Do not use this space.

26554

1. PLACE OF DEATH

County Franklin
Township 1.1.11
City (No.)

Registration District No. 1157
Primary Registration District No. 5549

File No.
Registered No. 17
St. (Ward)

2. FULL NAME Howard L Carr

(a) Residence. No. 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Lucia Catherine Carr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/18/50

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>80</u>	<u>—</u>	<u>11</u>	<u>.....</u>

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Albert Carr

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

12. MAIDEN NAME OF MOTHER Estelona Howard

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

14. INFORMANT H. C. Carr
(Address) Caledonia Mo

15. FILED 9-5-30 Henri C. Boyer
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/29 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 21 - 1930, to Aug. 29, 1930, that I last saw him alive on Aug. 26, 1930, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis, acute
9th
9th
(duration) yrs. mos. da.

CONTRIBUTORY cardiac dilatation
(SECONDARY) (duration) yrs. mos. da. 6 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED AT HOME

18.1. IF NOT AT PLACE OF BIRTH, DATE OF
DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S. F. Thurman, M. D.

8-29, 1930 (Address) Potosi, 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

DATE OF BURIAL 8/1 1930

Caledonia Mo

20. UNDERTAKER

H. B. Boyer Son

ADDRESS Potosi, 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.

100

100