

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

Do not use this space.

**1. PLACE OF DEATH**

County Boone Registration District No. 53 File No. 2340  
 Township Boone Primary Registration District No. 5871 Registered No. 6  
 City (No. St. Ward)

**2. FULL NAME**

(a) Residence. No. Mary E. Scott St. Ward.  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 2 9

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Jerry Carnell

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

12. MAIDEN NAME OF MOTHER Mary McElen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Carrill Co., Tenn.

14. INFORMANT (Address) Ruben Malone Deering Mo.

15. FILED 1-18-1931 J. G. Pherson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1931 to Jan 18 1931, and that I last saw h. et. alive on Jan 17 1931, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho-Pneumonia  
86-77  
 (duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY) asthma  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107 W  
 IF NOT AT PLACE OF DEATH.

18 DID AN OPERATION PRECEDE DEATH? DATE OF

18 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Creigh Lee M. D.

18 . 19 31 (Address) Deering 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  
wildersville, Tenn. 1-18-1931

20. UNDERTAKER ADDRESS  
Leitz Undertaking Co. Minnett Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 26 1931

