

MAR 25 1937

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

Do not use this space.

6062

1. PLACE OF DEATH

County Jefferson
Township Washington
City Crystal City Mo (No. 240)

Registration District No. 421
Primary Registration District No. 5575

File No. _____
Registered No. 20
St. _____ Ward _____

2. FULL NAME Ferdinand Francis Carron

(a) Residence No. Crystal City Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 - 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Francis Carron
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomdale Mo
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Charleville
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomdale Mo
(STATE OR COUNTRY) Mo

14. INFORMANT Josephine Boyer
(Address) Crystal City Mo

15. FILED 2/18, 1937 J. E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 17 1931

17. I HEREBY CERTIFY, That I attended deceased from July 29 1931, to July 17 1931, that I last saw him alive on 2 - 15 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Diabetes Mellitus

59

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. Donnell M. D.

2-17, 1937 (Address) Crystal 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

Crystal City Mo DATE OF BURIAL Feb 17, 1931

20. UNDERTAKER

Quester & Vineyard ADDRESS Textus 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.

