

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

Do not use this space.

14504²

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Praine Primary Registration District No. 705th
 City Little Bear (No. _____) St. _____ (Registered No. 75 Ward)

2. FULL NAME Argule S. Carrier

(a) Residence, No. Praine 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 (write the word) single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) J. W. Hastetter
Praine

18. BURIAL, CREMATION, OR REMOVAL PLACE Mapee Hill DATE 4/30, 1931

19. UNDERTAKER (ADDRESS) Ketterlin
Praine

20. FILED April 29, 1931 N. S. Jolley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to April 24, 1931
 I last saw him alive on April 25, 1931. Death is said to have occurred on the date stated above, at 10:45 pm.
 The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage

Date of onset 21-31

J. W. Hastetter

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. R. Greene, M. D.

(Address) Independence 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. MAY 23 1931

COPY WITH WRAPPING TAPE—THIS IS A PERMANENT RECORD

