

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

Do not use this space.

29042

**1. PLACE OF DEATH**

County St. Louis  
Township La Monte  
City St. Louis (No. ....)

Registration District No. 667  
Primary Registration District No. 4400

File No. ....  
Registered No. 5  
St. .... Ward)

**2. FULL NAME**

(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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|                                                                                        |                                  |                                                                             |
|----------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                                | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>John H. Carriere</u> |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Oct 1 - 1890</u>                         |                                  |                                                                             |
| 7. AGE<br><u>90</u>                                                                    | YEARS<br><u>10</u>               | MONTHS<br><u>20</u>                                                         |
| DAYS<br><u>20</u>                                                                      |                                  | If LESS than 1 day, .... hrs. or .... min.                                  |

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

|                 |                                                                      |
|-----------------|----------------------------------------------------------------------|
| MOTHER / FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>St. Louis</u> |
|                 | 13. NAME<br><u>William W. Carriere</u>                               |
|                 | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>St. Louis</u> |
|                 | 15. MAIDEN NAME<br><u>Lusade Goodwin</u>                             |
|                 | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>St. Louis</u> |

|                                                                                     |
|-------------------------------------------------------------------------------------|
| 17. INFORMANT (ADDRESS)<br><u>La Monte</u>                                          |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>La Monte</u> DATE <u>Aug 22, 1931</u> |
| 19. UNDERTAKER (ADDRESS)<br><u>St. Louis</u>                                        |
| 20. FILED <u>Aug 31, 1931</u> <u>St. Louis</u> Registrar.                           |

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1931, to Aug 20, 1931.  
I last saw him alive on Aug 20, 1931. Death is said to have occurred on the date stated above, at 4:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Senility 91 yrs + could not stand any exercise  
Heart

Other contributory causes of importance:  
Ate some corns right of Aug 18. made her sick & heart would not stand strain.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) W. E. Walker, M. D.  
(Address) La Monte 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.

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

SEP 25 1931

