

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

Do not use this space.

34016

1. PLACE OF DEATH

County Dallas
Township Jackson
City Red Top (No.)

Registration District No. 243
Primary Registration District No. 150

File No.
Registered No.
St. Ward)

2. FULL NAME

Frank Carnall

(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 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1859

7. AGE YEARS 72 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James Canada

13. NAME James Carnall

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Alice Carnall (ADDRESS) Red Top Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE Oct 2 1931

19. UNDERTAKER L. B. Jones (ADDRESS) Buffalo Mo

20. FILED 11/10 1931 M. J. Red Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1931

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1931 to Oct 28, 1931
I last saw him alive on Oct 27, 1931. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

Brain Tumor Date of onset
530
1905
Other contributory causes of importance:
diarrhea

Name of operation none Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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: L. L. Benson, M. D.
(Signed) L. L. Benson (Address) Fair Grove, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

NOV 24 1931

REPUTATION is very important
in the business world.

It is a very important
factor in the business world.

=====

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dallas
Township Jackson
City Frank (No. 3)

Registration District No. 24 3
Primary Registration District No. 5-336

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

2. FULL NAME

Frank Cornell

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

The principal cause of death and related causes of importance were as follows:

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11: Total time (years) spent in this occupation _____

Brain Tumor malignant
Diarrhea
Other contributory causes of importance: _____
Date of onset _____

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

13. NAME

Name of operation _____ Date of _____

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

Was there an autopsy? _____

15. MAIDEN NAME

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

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

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

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 12/10 1931 M. V. Rea Registrar

If so, specify _____ (Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

