

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

Do not use this space.

707-2

707-2

**1. PLACE OF DEATH**

County Sentry  
Township Boyle  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 311  
Primary Registration District No. 0430

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Caroline M. Food  
(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 CH 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. M. McLeod

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 7 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. at home 131  
(b) General nature of industry, business, or establishment in which employed (or employer) 820  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Sentry County, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER William Green

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

12. MAIDEN NAME OF MOTHER Mary Rainbow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

14. INFORMANT J. Braun  
(Address) Denver, 11/0

15. FILED April 19 33 C. H. Williamson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1932

17. I HEREBY CERTIFY That I attended deceased from Dec 20, 1931, to Jan 10, 1932 that I last saw h. alive on Jan 10, 1932, and that death occurred, on the date stated above, at 4-A, m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Neurosyphilis of brain (apparently) (duration) yrs. mos. ds.  
CONTRIBUTORY Chronic interstitial nephritis (duration) 2 yrs. mos. ds.  
(SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no 1  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Levin H. Lacy, M. D.  
. 19 (Address) Denver, 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 Christ Church DATE OF BURIAL Jan 11 1932  
20. UNDERTAKER Braun Bros. ADDRESS Denver, 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.

APR 26 1932

