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

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 25 1932

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

Do not use this space.

7682

1. PLACE OF DEATH
17 County Carroll — Registration District No. 138 — File No.
Township Egypt — Primary Registration District No. 5196 — Registered No.
City (No. St. Ward)

2. FULL NAME Albert N. Carr

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M. E. Carr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
83	11	19	

OCCUPATION
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 83-

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moultry Co. Ill 2

FATHER
13. NAME S. G. Carr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) C. N. Carr

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE Mar 6 1932

19. UNDERTAKER (ADDRESS) W. T. Stroud

20. FILED Mar 5 1932 E. H. Mussonnich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1928 to March 5, 1932
I last saw him alive on March 3, 1932. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes with Apoplexy	1930
57	
59	

Other contributory causes of importance:

Name of operation None 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?
If so, specify
(Signed) L. R. Colber, M. D.
(Address) Norborn Mo R#5