

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 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11993

1. PLACE OF DEATH
 26 County Cole Registration District No. 21
 Township Marion Primary Registration District No. 52-27
 City Centertown, Mo. (No. 5 St. 5 Ward)

2. FULL NAME Carol Virginia Bandy
 (a) Residence, No. Centertown, Mo. R.F.D. 2 Ward. 4
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25
 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) March 27-1932
 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) Cole Co. Mo
 (STATE OR COUNTRY)
 13. NAME Chas G. Bandy
 14. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo
 (STATE OR COUNTRY)
 15. MAIDEN NAME Rosa Bandy
 16. BIRTHPLACE (CITY OR TOWN) Callaway Co. Mo
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Chas G. Bandy
Centertown, Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Hope Cem DATE April 22-1932

19. UNDERTAKER (ADDRESS) Wm. G. Gordon
Centertown, Mo
 20. FILED 4/22/32 19 32 H. T. Leach
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1932
 22. I HEREBY CERTIFY, That I attended deceased from March 27, 1932, to April 21, 1932
 I last saw her alive on April 21, 1932 Death is said to have occurred on the date stated above, at 4 m.
 The principal cause of death and related causes of importance were as follows:

Date of onset March 27/32
Assistant Foreman
157
 Other contributory causes of importance:
Bonnet

Name of operation Bonnet Date of 4/21/32
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1932
 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 mye Adm
 (Signed) mye Adm, M. D.
 (Address) mye Adm

