

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

Do not use this space.

13479

1. PLACE OF DEATH

80 County Pettis Registration District No. 663-
Township Houstonia Primary Registration District No. 5883-
City (No.) St. Ward)

2. FULL NAME Robin Eugene Carr

(a) Residence No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Undant
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 - 1928
7. AGE YEARS 3 MONTHS 07 DAYS 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Undant
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Morgan Co Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Edward Carr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pilmer
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Stella Bailey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morgan Co Mo
(STATE OR COUNTRY)

14. INFORMANT Edward Carr
(Address) Houstonia Mo

15. FILED Apr 10 1932 R. L. B. Hunt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1932
17. I HEREBY CERTIFY, That I attended deceased from Mar 23 1932 to April 6 1932 that I last saw him alive on April 6 1932 and that death occurred, on the date stated above, at 8-9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dehydration
Myocardial Weakness
(duration) 15 yrs. 0 mos. 15 ds.
CONTRIBUTORY Myocardial Weakness
(SECONDARY) (duration) 8 yrs. 0 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. H. Ringer, M. D.
, 19 (Address) Sweet Springs 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 Bethlehem Cemetery DATE OF BURIAL April 8 1932
20. UNDERTAKER W. C. Westbrook ADDRESS Houstonia

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.

MAY 26 1932

