

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

Do not use this space.

13575

1. PLACE OF DEATH

85 County Pulaski
Township Liberty
City (No. _____) _____

Registration District No. 712
Primary Registration District No. 5941

File No. _____
Registered No. 11 St. _____ Ward _____

2. FULL NAME

Mandy Adeline Carr

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode) Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ch. Carr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24, 1854</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>3</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>about April 1928</u>	
	11. Total time (years) spent in this occupation. <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski Co. Mo.</u>		
MOTHER FATHER	13. NAME <u>Unknown Hammonds</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Everett Carr</u> (ADDRESS) <u>Wadeburg - Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hickory Grove</u> DATE <u>4-21-1932</u>		
19. UNDERTAKER <u>J. L. Hooks & Sons</u> (ADDRESS) <u>Crocker - Mo.</u>		
20. FILED <u>4-21-1932</u> <u>Everett A. Oliver,</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16 1932 to April 20, 1932
I last saw her alive on April 19, 1932. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Endocarditis -
(Heart Disease)
95%
11%
Flu
Other contributory causes of importance:
about 4-10-1932
(D)

Name of operation none Date of _____
What test confirmed diagnosis? Autopsy 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? no
If so, specify _____
(Signed) Everett A. Oliver, M. D.
(Address) Rehland - 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. MAY 28 1932

