

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.

AGE 39 1932

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

Do not use this space.

25211

1. PLACE OF DEATH **Washington**
 County **Washington** Registration District No. **887**
 Township **Breton** Primary Registration District No. **6179**
 City (No.) St. Ward

2. FULL NAME **Savilla Carylon**
 (a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 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 **John Carylon**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1-22-1860**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	72	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/7**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **6/29**, 19**32**, to **7/7**, 19**32**

I last saw her alive on **7/5**, 19**32** Death is said to have occurred on the date stated above, at **1 P.** m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of
 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? **np** Date of injury, 19**32**
 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) **J. P. G. [Signature]**, M. D.
 (Address) **Irondale, Mo**

12. BIRTHPLACE (CITY OR TOWN) **Crawford Co**
 (STATE OR COUNTRY) **Mo**

13. NAME **William Fennell**

14. BIRTHPLACE (CITY OR TOWN) **dont know**
 (STATE OR COUNTRY)

15. MAIDEN NAME **dont know**

16. BIRTHPLACE (CITY OR TOWN) **dont know**
 (STATE OR COUNTRY)

17. INFORMANT **Clark Carylon**
 (ADDRESS) **Irondale, Mo**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **HOPENELL** DATE **7/8** 19**32**
J. B. BOYER & SON
 (ADDRESS) **POTOSI, MO.**

19. UNDERTAKER
 (ADDRESS) **Jos. L. Thurman**

20. FILED **7-8** 19**32** **Jos. L. Thurman**
 Registrar.

