

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

Do not use this space.

1. PLACE OF DEATH

58 County Hentry Registration District No. 313
Township Miller Primary Registration District No. 5432
City _____ (No. _____) St. _____ Ward _____

File No. 39206
Registered No. _____

2. FULL NAME

Mariah Caraway
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph F. Caraway (Dec 1)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 6 20
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 2

FATHER 13. NAME James Slater
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Sara Slater
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Mrs Mary Plowman
(ADDRESS) Pattonsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.O.C. 7 Pattonsburg DATE Dec 6 1932

19. UNDERTAKER Ed Bromer
(ADDRESS) Pattonsburg Mo.

20. FILED 12-6 1932 W. G. Purdy
Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1932, 1932, to Dec 4th 1932, 1932.
I last saw her alive on Dec 4th 1932, 1932. Death is said to have occurred on the date stated above, at 10:30 P M.

The principal cause of death and related causes of importance were as follows:
intermittent Chronic Nephritis. Date of onset _____

131
97 131
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? _____ 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 _____
(Signed) L. S. Hedges, M. D.
(Address) Pattonsburg

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.

Jan 8 1933

