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

Do not use this space.

845

1. PLACE OF DEATH
County Douglas — Registration District No. 276
Township Wood — Primary Registration District No. 5384
File No.
Registered No. 2
City (No. , St. Ward)

2. FULL NAME C-F Carr

(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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ida Carr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	0	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Indiana

FATHER
13. NAME Francis Carr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind Virginia

MOTHER
15. MAIDEN NAME Mahala Rodgers Reid
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York Virginia

17. INFORMANT (ADDRESS) Rena Woodward

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cliff DATE Jan 23 1933

19. UNDERTAKER (ADDRESS)

20. FILED Jan 23 1933 Ethel Sutherland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22= 1933

22. I HEREBY CERTIFY, That I attended deceased from January 12/21/32 to 1/21/33, 19....
I last saw h... alive on January 21, 1933. Death is said to have occurred on the date stated above, at 6.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Goheral Debility	About 12/21/
Hypostatic Pneumonia	" 1/21/33

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XXXX Date of injury XXXX, 19....
Where did injury occur? XXXXXXXXXXXX
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
XXXXXXX
Manner of injury XXXXXXXXX
Nature of injury XXXXXXXX

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify XXXXXXXX

(Signed) H.G. Frano, M. D.
(Address) Mountain Grove, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD