

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

Do not use this space.

8245

MAR 31 1933

1. PLACE OF DEATH

106 County Janey Registration District No. 859
 Township Branon Primary Registration District No. 6128
 City Branon, Mo. (No. St. Ward)

2. FULL NAME

Ed Carr

(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 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 1

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
 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) Branon Mo

MOTHER FATHER
 13. NAME Walter Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains, Mo

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Point

17. INFORMANT (ADDRESS) George Bearden

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Branon Cem DATE Feb 13, 1933

19. UNDERTAKER (ADDRESS) None

20. FILED 2/14 1933 Pashornhill
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-1-1933 to 2-13-1933

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 9:00 P. m.

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

158
weak from brittle
needed to relax food
 Other contributory causes of importance:
158

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 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?

If so, specify (Signed) C. P. Walker M. D.
 (Address)

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.

