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.

OCT 20 1933

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

Do not use this space.

28789

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001 — File No.

City St. Joseph, (No. Missouri Methodist Hospital St. Ward) — Registered No. 890

2. FULL NAME Caroll Loraine Daniel,

(a) Residence, No. St., Ward. Maysville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1921

7. AGE: YEARS 11 — MONTHS 9 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grade School

10. Date deceased last worked at this occupation (month and year) Sept. 1933

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville, Missouri,

FATHER

13. NAME George E. Daniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville, Missouri,

MOTHER

15. MAIDEN NAME Hazel Pittsenbarger,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville, Missouri,

17. INFORMANT George E. Daniel
(ADDRESS) Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairport, Mo. DATE Sept. 8, 1933

19. UNDERTAKER Theaton-McGale & Bowman
(ADDRESS) 319 S. 10th St. Funeral Home

20. FILED 9-7-33, 19 John R Bender, Registrar.

SEP 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to Sept 6, 1933

I last saw her alive on Sept 6, 1933 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

	Date of onset
Aplastic Anemia	Aug. 15
70A	
71A	

Other contributory causes of importance:

Purpura Hemorrhagica	Aug. 15
Cause undetermined	

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Count 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) H. S. Conrad, M. D.

(Address) St Joseph Mo.