

NOV 10 1933

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

Do not use this space.

34121

1. PLACE OF DEATH

County Pulaski
Township
City (No.)

Registration District No. 712

Primary Registration District No. 5941

File No.

Registered No. 21

St. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 4 7

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

13. NAME Claud Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Mo

15. MAIDEN NAME Janie Leona Sands

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orlando Okla

17. INFORMANT Claud Carroll (ADDRESS) Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gaselgreen Mo DATE Oct 31 - 1933

19. UNDERTAKER H. B. Kufle (ADDRESS) Richland Mo.

20. FILED Oct 30 1933 Ernest A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 - 1933 to Oct 30 - 1933

I last saw him alive on Oct 29 1933 Death is said

to have occurred on the date stated above, at 4:10 p.m.

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

Bunchs Pneumonia

Date of onset 10.14/1933

Other contributory causes of importance: Unknown

Name of operation none Date of no

What test confirmed diagnosis? 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) Ernest A. Oliver M. D.

(Address) Richland Mo.

