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

Do not use this space.

35832

1. PLACE OF DEATH
County Caldwell — Registration District No. 96 — File No.
Township Hamilton — Primary Registration District No. 5142 — Registered No.
City (No. St. Ward)

2. FULL NAME Minnie Marie 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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JAN 3 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roy E. Carr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 7 1893

7. AGE: Years 40 — Months 3 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Benton Co
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: L W Powell
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Rachael Friback
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

14. INFORMANT
(Address): Roy E. Carr

15. FILED Dec 8, 1933 Irene Kemper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 19 1933

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1933, to Nov. 19, 1933 that I last saw her alive on Nov. 19, 1933, and that death occurred, on the date stated above, at 4:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
59
71B (duration) 3 yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY): Anemia (Secondary)
(duration) yrs. 1 mos.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
(Signed) [signature], M. D
, 19 (Address) Hamilton.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Highland Cemetery — DATE OF BURIAL: Nov 20 1933

20. UNDERTAKER: Nettie L Houghton — ADDRESS: Hamilton Mo.

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