

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.

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

Do not use this space.

35913

1. PLACE OF DEATH

17 County Carroll
3 Township Carrollton
4 City Carrollton (No.)

Registration District No. 1357

Primary Registration District No. 3010

File No.

Registered No. 94

St. Ward

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Snider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 11 23

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. At Home

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) Salina Kansas

13. NAME Wm Barker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Ruth Cordell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Wm Snider Carrollton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill DATE 11-29-1933

19. UNDERTAKER (ADDRESS) Standley Carrollton, Mo

20. FILED 11-29-1933 Mrs E.E. Deubau Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-27-27, 1933, to 11-27-27, 1933

I last saw her alive on 11-27, 1933. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Cerebral Hemorrhage

91A
82A

Other contributory causes of importance:

Chs Cardio Vascular Disease

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 H. B. Deubau

(Signed) Carrollton, Mo, M. D.

(Address) Carrollton, Mo

