

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. MAR 24 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Mo Pacific Hosp**)

File No. **6393**  
 Registered No. **1191**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **126 Buchanan St.** (Usual place of abode) **St. Louis, Mo.**  
 Length of residence in city or town where death occurred **17** yrs. **10** mos. **15** ds. How long in U. S., if of foreign birth? yrs. mos. ds. **Franklin Carrington** (Nonresident, give city or town and State) **St. Scott Kans.**

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>M</b>	4. COLOR OR RACE <b>W.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Nellie Carrington</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan-28-1873</b>		
7. AGE YEARS <b>61</b>	MONTHS <b>=</b>	DAYS <b>13</b>
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <b>Section Foreman Ch. Carpenter</b>		11. Total time (years) spent in this occupation <b>20</b>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Mo. Pacific</b>		
10. Date deceased last worked at this occupation (month and year) <b>Jan-11-1934</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Adelphi Iowa</b>		
13. NAME <b>Sulis Carrington</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
15. MAIDEN NAME <b>Margaret Parton</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
17. INFORMANT <b>Nellie Carrington</b> (ADDRESS) <b>St. Scott Kans.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Scott Kans.</b> DATE <b>Feb 4 1934</b>		
19. UNDERTAKER (ADDRESS) <b>Foregnty Und Co, St. Scott, Kans.</b>		
20. FILED <b>FEB -1 1934</b> <b>J. Bredeck</b> Registrar.		

**(14) MEDICAL CERTIFICATE OF DEATH**

21.—DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb-1 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 20 1934** to **Feb 1 1934**, 19 **34**  
 I last saw him alive on **Jan 1 1934**, 19 **34** Death is said to have occurred on the date stated above, at **St. Louis**  
 The principal cause of death and related causes of importance were as follows:  
**Chronic Bronchitis**  
**Emphysema**  
**Coronary Sclerosis**  
**Myocardial Infarction**  
**Other contributory causes of importance:**  
**Arteriosclerosis**  
**Diabetes**  
**Obesity**

Name of operation **Proctostomy** Date of **1-20-34**  
 What test confirmed diagnosis? **None** 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 **34**  
 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 **Yes**  
 (Signed) **Royal D. Lewis**, M. D.  
 (Address) **Mo. Pac. Hosp.**

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