

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

Do not use this space.

9415

1. PLACE OF DEATH

County Jasper
Township McDonald
City Avella (No. _____ St. _____ Ward _____)

Registration District No. 419
Primary Registration District No. 5379

File No. _____
Registered No. _____

2. FULL NAME Carrie Fagg-Stemmons

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Earl Stemmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 11 4

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.

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) Avella Missouri

13. NAME R. F. Fagg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

15. MAIDEN NAME Nancy Fagg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prichard Alabama

17. INFORMANT (ADDRESS) Dr. Fagg Avella, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Avella Tenn. DATE Apr 9 1934

19. UNDERTAKER (ADDRESS) Knell Mortuary Gaithege, Missouri

20. FILED Apr 2 1934 Mrs W. B. Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1 1934, to March 31 1934

I last saw her alive on March 31 1934. Death is said to have occurred on the date stated above, at 7 P. M.

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

Chronic Myocarditis - acute decompensation developing about four weeks before March 1, 1934 (while in Stanton, Tex. Chronic Nephritis) possibly contributory
Other contributory causes of importance: Pleural effusion of right lung developing in last weeks of illness with general decompensated condition

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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? _____
If so, specify _____

(Signed) J. X. Cordonnier, M. D.

(Address) Carthage Mo.

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.

