

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Shelby
Township Jackson
City _____ (No. _____) St. _____ Ward _____

Registration District No. 825
Primary Registration District No. 1015

File No. 15425
Registered No. _____

2. FULL NAME

Alice McClinton Carr. St. _____ Ward _____

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

Length of residence in city or town where death occurred 30 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Carr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15th 1855</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Domestic</u>	
	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) <u>Rockbridge Co Virginia</u>		
FATHER	13. NAME <u>Shanklin McClinton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bath Co Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Shields</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockbridge Co Virginia</u>	
17. INFORMANT (ADDRESS) <u>Lisa Carr Tipton Monroe City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Andrew Cemetery</u> DATE <u>Apr. 27th 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wilson + Son Monroe City MO</u>		
20. FILED <u>Apr 26, 1934</u> <u>Mrs. W. Wood</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25th 1934

I HEREBY CERTIFY, That I attended the deceased from April 10th 1934 to April 25th 1934.
I last saw her alive on April 24th 1934. Death is said to have occurred on the date stated above, at 5:15 p.m.

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

Cerebral Thrombosis

Myocarditis

Other contributory causes of importance:

Chronic heart disease 1931

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? No

If so, specify _____

(Signed) M. D. Pippin, M. D.

(Address) Monroe City Mo

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.

