

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

Do not use this space.

27062

7296

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **6251**)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Aug 30 1877

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

56-

10

23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10 yrs. Hanger

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)

North La crosse

13. NAME

Gen. Carroll

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

New York

15. MAIDEN NAME

Elizabeth Sims

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

Lincoln Neb

17. INFORMANT (ADDRESS)

Wm J. McKeen City

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cadway

DATE

July 26 1934

19. UNDERTAKER (ADDRESS)

Edw. H. Howard & Sons R.R. 12 St. Louis Mo

20. FILED

19

For J. Breake

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from

7/18

1934

to *7/28*

1934

I last saw him alive on *7/23* 19*34* Death is said

to have occurred on the date stated above, at *12:25* p.m.

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

Chronic Alcoholism 7/18/34
Terminal Broncho-Pneumonia 7/18/34

Other contributory causes of importance:

Name of operation *None* 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) *W. H. The Cain* M. D.

(Address) *City Hospital No. 1*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 15 1934

