DEC 17 1934

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

Do not use this space.

39873

File No.

Registered No. 11

53

1. PLACE OF DEATH
County: Laclede
Township: Lasconade
City: (No. , St. Ward)

Registration District No. 453
Primary Registration District No. 5619

2. FULL NAME: Destalee Carmeta Irick

(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. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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): Feb. 16, 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Nebo Mo.

FATHER
13. NAME: Elmer Claud Irick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laclede Co. Mo.

MOTHER
15. MAIDEN NAME: Opal Handley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebo, Mo.

17. INFORMANT (ADDRESS): Elmer Claud Irick Nebo, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mount Carney Cem. DATE: Nov. 14, 1934

19. UNDERTAKER (ADDRESS): J. W. Lindsay Nebo, Mo.

20. FILED: Nov. 14, 1934 E. R. Nelson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/20/, 1934, to 11/13/34, 19..
I last saw her alive on 11/6/, 1934. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uro-Colitis (chronic)	10/20/34
HCD	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? 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) H. A. Hamilton, M. D.
(Address) Lebanon, 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.

WRITE PLAINLY, WITH INFADIBLE INK—THIS IS A PERMANENT RECORD