

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

Do not use this space.

DEC 27 1934

39902

1. PLACE OF DEATH

County Lawrence Registration District No. 467
 Township Aurora Primary Registration District No. 4280
 City Aurora (No. Ozark Hospital) St. _____ Ward _____

File No. _____
 Registered No. 64

2. FULL NAME Sallie Elizabeth McCarrell

(a) Residence, No. R.F.D. # 1 Aurora Mo. 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 - 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>67</u>	<u>8</u>	<u>5</u>	

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

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) Barry County Missouri

13. NAME Allen McNatt

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

15. MAIDEN NAME Mary Pharris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs Wm Munday
 (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo DATE Nov, 16 1934

19. UNDERTAKER King Funeral Home
 (ADDRESS) Aurora Mo.

20. FILED Nov. 16 1934 R. H. Carson M.D.
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1934 to Nov. 14 1934

I last saw her alive on Nov. 14 1934. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Post operative shock Date of onset _____

Other contributory causes of importance: large
Demerol byat. captured
filling abdomen with Demerol

Name of operation Removal of byat Date of Nov 14 34

What test confirmed diagnosis? apbatic Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) R. W. Carson, M. D.

(Address) Aurora 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.

