

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.

JAN 25 1935

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

Do not use this space.

42246

1. PLACE OF DEATH

County Cass Registration District No. 135
Township Clinton Primary Registration District No. 3010
City Carrollton No. _____ St. _____ Ward _____

File No. _____
Registered No. 111
St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Harley Veach
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-1904
7. AGE YEARS 30 MONTHS 3 DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Carroll Co Mo

13. NAME Wm Kinker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

15. MAIDEN NAME Anna Perrotton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

17. INFORMANT Harley Veach
(ADDRESS) Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Car Hill DATE 12-4 1934

19. UNDERTAKER Handley Carpenter
(ADDRESS) Carrollton Mo

20. FILED 12-3 1934 Wm Haskin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1934, to Dec 2 1934.

I last saw him alive on Nov 2 1934. Death is said to have occurred on the date stated above, at 3.30 P.M.

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

Quarantine Diphtheria Date of onset _____
11/12/34
11/5/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) Wm Haskin M. D.
(Address) Carrollton Mo

