

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.

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

Do not use this space.

42722

JAN 1 6 1935

1. PLACE OF DEATH

42 County Henry
Township White Oak
City (No.)

Registration District No. 347
Primary Registration District No. 5495

File No.
Registered No. 71
St. Ward

2. FULL NAME Harry Washington Carrell

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 6 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 Male 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) September 16 1883

7. AGE 51 YEARS MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or min.

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

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) Johnson County (STATE OR COUNTRY) Missouri

13. NAME Hubert N. Carrell

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

15. MAIDEN NAME Nancy Carrell

16. BIRTHPLACE (CITY OR TOWN) Johnson Co Missouri (STATE OR COUNTRY)

17. INFORMANT Robert Seaton (ADDRESS) Urish Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Blackwater DATE Dec 19th-1934

19. UNDERTAKER H.P. Smith (ADDRESS) Urish Missouri

20. FILED 1-9 1934 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932, to Dec, 1934

I last saw him alive on Dec 18, 1934. Death is said to have occurred on the date stated above, at 12 a.m.

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

Pulmonary Tuberculosis Date of onset

7 3 3

Other contributory causes of importance: Influenza

7 3 3

Name of operation Date of

What test confirmed diagnosis? exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Y Date of injury Y, 1934

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 Y

Nature of injury Y

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) J. W. Galbreath, M. D.

(Address) Urish Mo.

