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.

FEB 27 1935

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

Do not use this space.

File No. 2154

Registered No. 3

1. PLACE OF DEATH

County: Monroe — Registration District No. 581

Township: — Primary Registration District No. 4343

City: Monroe City (No. ..., ... St. ..... Ward)

2. FULL NAME: Carroll Paris

(a) Residence, No. 320 E. Cleveland St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

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: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 15th 1863.

7. AGE: Years 71 Months 2 Days 30 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Monroe Co Mo

FATHER

13. NAME: Calvin Paris

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

MOTHER

15. MAIDEN NAME: Nancy B Peck

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

17. INFORMANT: Owen Paris
(ADDRESS) Monroe City Mo RFD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Jude Cemetery, Monroe Mo DATE: Jany 17 1935

19. UNDERTAKER: Wilson & Son
(ADDRESS) Monroe City Mo

20. FILED 1-15 1935 O. W. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jany 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th 1935, to Jany 14th 1935
I last saw him alive on Jan 14th 1935. Death is said to have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Jan 7th 1935

10?

Other contributory causes of importance:
Chronic Heart Lesion myocarditis & Decompensation Heart Failure

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? No
If so, specify: —
(Signed) M. D. Pirtle, M. D.
(Address) Monroe City Mo