

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

Do not use this space.

12394

**1. PLACE OF DEATH**

County DeKalb, Registration District No. 238  
Township Sherman Primary Registration District No. 5361-  
City 5 Miles, No. of Clarksdale, Mo. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 4  
Registered No. \_\_\_\_\_

**2. FULL NAME** Oliver Carrel,

(a) Residence, No. R.F.D. # 1, Clarksdale, Mo. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 11 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) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Carrel,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26. 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 4 11

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. Farm,

10. Date deceased last worked at this occupation (month and year) April 1935, 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb County, Missouri,

13. NAME Frank Carrel,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co., Missouri,

15. MAIDEN NAME Mary Fightmaster,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs. Oliver Carrel R.F.D. # 1, Clarksdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem. DATE April 9th, 1935

19. UNDERTAKER (ADDRESS) Heaton - Be Gole & Bourneau St. Joseph, Mo.

20. FILED April 9, 1935 - Mrs. C. A. Davis Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1935 to April 7th, 1935  
I last saw him alive on April 6th, 1935 Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Chronic Myocarditis

Date of onset Apr 1934

Other contributory causes of importance:

*Handwritten signature*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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 \_\_\_\_\_, 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?  
If so, specify \_\_\_\_\_ (Signed) E. M. Reynolds, M. D.  
(Address) Union St. 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.

