

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

Do not use this space.

31763-1

DEC 9 1936

1. PLACE OF DEATH

County Moscow Registration District No. 601
Township Richland Primary Registration District No. 5796
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7

2. FULL NAME Mr. John Wallace Carrico

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1876-5-30
7. AGE YEARS 60 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
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) unknown

13. NAME George Carrico

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

15. MAIDEN NAME Mary Ann Carrico

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Vincent Carrico
(ADDRESS) Florence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florence Mo. DATE Aug. 24, 1936

19. UNDERTAKER Rapp & son
(ADDRESS) Florence, Mo.

20. FILED Oct 12, 1936 Mrs. Edwin Bremer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1935, to Aug 21, 1936
I last saw him live on Aug 19, 1936 Death is said to have occurred on the date stated above, at 7 A. M.

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

Chronic Myocarditis
Chronic Int. Nephritis
Date of onset _____

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) E. E. Hultzen, M. D.
(Address) Amatton Mo

WRITE PLAINLY. N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Aug 6 1974