

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. FrancoisTownship St. FrancoisRegistration District No. 773Primary Registration District No. 6018AFile No. 28232Registered No. 130

Near

City Farmington, Mo.

(No. _____ St. _____ Ward _____)

2. FULL NAME Raymond Isaac Carrow(a) Residence No. Festus, Mo. 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)

Married & Divorced

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

Hazel Payne

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

Feb. 19, 1906

7. AGE

YEARS

31

MONTHS

5

DAYS

4

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

None

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)

Festus
Missouri

FATHER

13. NAME Isaac J. Carrow

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Village
Missouri

15. MAIDEN NAME Philomena Carpenter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomsdale
Mo.17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE FestusDATE July 26 193719. UNDERTAKER Wm. J. Thompson
(ADDRESS) Festus20. FILED 7/23 1937J. B. J. Robinson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1937, to July 23, 1937

I last saw him alive on July 23, 1937. Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

General Paralysis of the
Insane (Syphilitic Origin)

Date of onset

Other contributory causes of importance:

Chronic Myocarditis
Thrombotic Bacteremia

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholesterol and Fat 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?

If so, specify _____

(Signed) P. S. Tate, M. D.(Address) State Hosp. Farmington Mo

WRITE PLAIN WITH UNLOADING 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.

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