

OCT 25 1937

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

Do not use this space.

35014

1. PLACE OF DEATH

County Pike
Township Quiver

Registration District No. 684
Primary Registration District No. 5912

File No. _____
Registered No. 32

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Nancy R. Carr

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

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Len Carr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 - 1863

7. AGE YEARS MONTH DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 7 26

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

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) Ogden Illinois

13. NAME James R. Truax

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

15. MAIDEN NAME Margaret McLaughlin

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

17. INFORMANT Len Carr
(ADDRESS) Bowling Green mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green DATE Sept. 28 1937

19. UNDERTAKER H. B. C. Moore
(ADDRESS) Bowling Green mo

20. FILED 9 28 1937 North Summer Street
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26th 1937

22. I HEREBY CERTIFY, that I attended deceased from Feb. 9th to Sept. 26th 1937

I last saw her alive on Sept. 26th 1937 Death is said to have occurred on the date stated above, at 10 p.m.

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

Chronic interstitial nephritis
Chronic myocarditis

Date of onset

Other contributory causes of importance: Chronic cholecystitis

Name of operation None Date of _____
What test confirmed diagnosis? Physical findings 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) James B. Praggi M. D.
(Address) Bowling Green 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.

