

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.

Dr. Vernon
NOV 19 1937

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

Do not use this space.

38256

File No. _____
Registered No. 183
St. _____ Ward)

1. PLACE OF DEATH
County Mississippi Registration District No. 576
Township _____ Primary Registration District No. 5762
City Charleston No. _____ St. _____ Ward)

2. FULL NAME Charles Christian Carringer
(a) Residence, No. Charleston, 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	1	5	3	

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. Infant.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27th, 1937, to Oct 30th, 1937
I last saw him alive on Oct 30th, 1937. Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:
Diphtheria
Date of onset _____

Other contributory causes of importance: 10

Name of operation _____ Date of _____
What test confirmed diagnosis? no 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 decedent? no
If so, specify _____
(Signed) Frank D. Vernon, M. D.
(Address) Charleston Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

MOTHER FATHER

13. NAME William Jackson Carringer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Mary Junter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

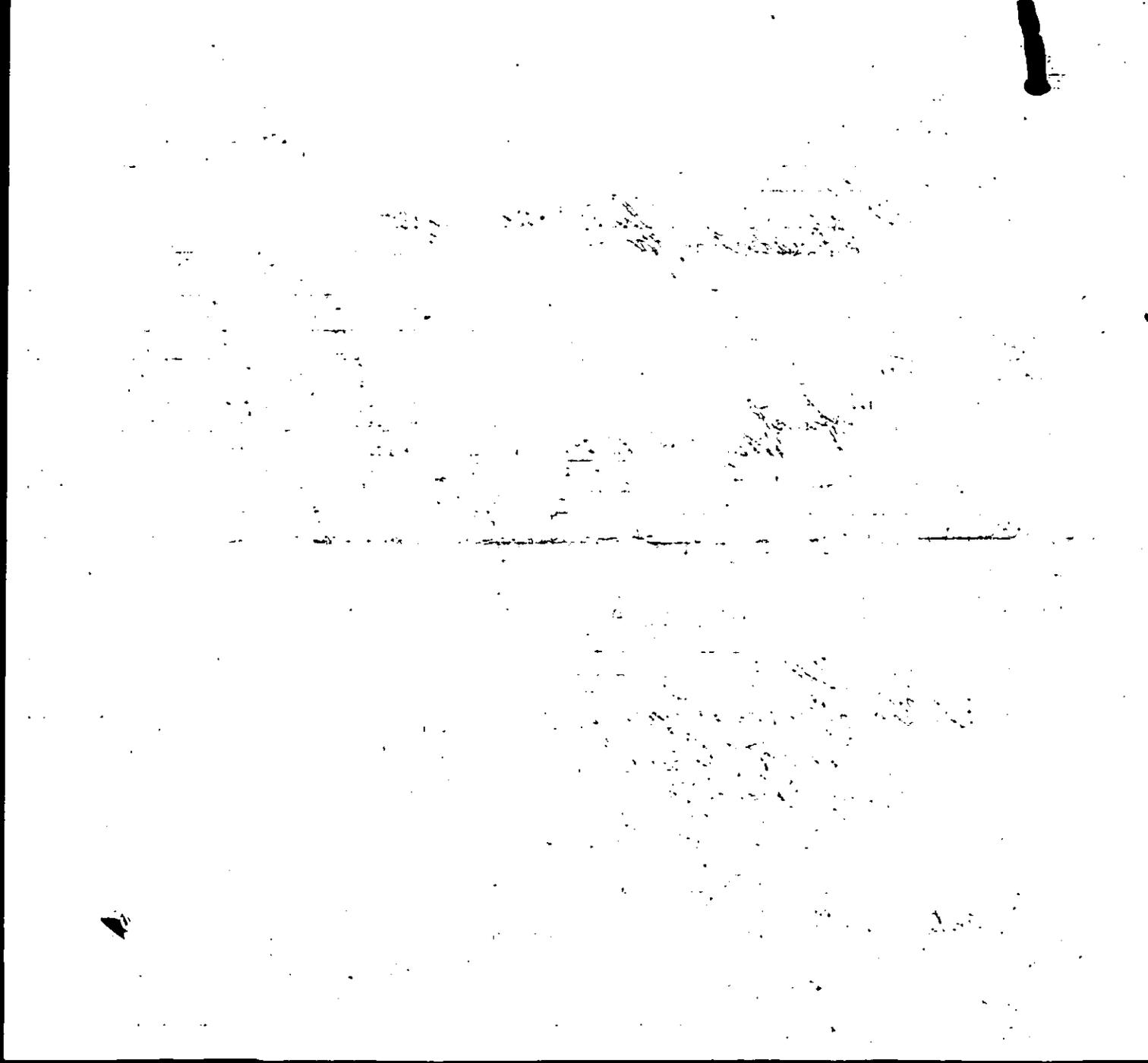
17. INFORMANT Mary Carringer
(ADDRESS) Charleston, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McLamon Idaho Nov. 3 1937

19. UNDERTAKER Trairie N. Shell
(ADDRESS) East Lansing Mo

20. FILED Nov 1 1937 F. D. Vernon
Registrar.

McLamon Idaho



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.

Dr. Vernon

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

Do not use this space.

1. PLACE OF DEATH

County *Miss* Registration District No. *566*
Township *Chapin* Primary Registration District No. *5762*
City *Charleston* St. _____ Ward _____

2. FULL NAME

Shirley Christine Barringer
Charleston

(a) Residence, No. _____ Ward _____
(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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 22 1936*

7. AGE YEARS MONTHS DAYS If LESS than day, _____ hrs. or _____ min. *1 3 3*

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. _____
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) *Edisto North Carolina*

13. NAME *William Barringer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina*

15. MAIDEN NAME *Mary Burton*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina*

17. INFORMANT (ADDRESS) *Walter Barringer Charleston Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Walter Barringer Charleston Mo*

19. UNDERTAKER (ADDRESS) *Walter Barringer Charleston Mo*

20. FILED *11-3-1937* *D. Vernon*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 30 1937*

22. I HEREBY CERTIFY That I attended deceased from *Oct. 29*, 1937, to *Oct. 30*, 1937

I last saw him alive *Oct 30 - 50*, 1937. Death is said to have occurred on the date stated above, at *11 A.* m.

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

Diphtheria Date of onset _____

Other contributory causes of importance: *10*

Name of operation *none* Date of _____

What test confirmed diagnosis? *Diphtheria* 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) *Frank D. Vernon* _____, M. D.
(Address) *Charleston Mo*

Mc Cammon Stokes

5-38256