

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carroll Registration District No. 138
Township Fairfield Primary Registration District No. 5202
City Carrollton RFD #1 St. _____ Ward _____

File No. 40919
Registered No. 69

2. FULL NAME

(a) Residence, No. Carrollton RFD #1 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 25

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) July 1, 37 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County

13. NAME Marcellus Mirick

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

15. MAIDEN NAME M. Blauvelt Baker

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

17. INFORMANT (ADDRESS) O. A. Crusen Carrollton Mo RFD #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Nov 28 1937

19. UNDERTAKER (ADDRESS) Standley Carrollton Mo.

20. FILED 11-27-37 1937 B. C. Cole

Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1- 1937, to Nov 28 1937

I last saw her alive on Nov 26 1937. Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Contusion -
Internal rupture - 6-1-37

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) [Signature], M. D.

(Address) [Address]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

