

REC'D MAR 23 1938

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

Do not use this space.

7795

1. PLACE OF DEATH

County Preppo
Township Polla
City Polla (No. 600)

Registration District No. 677
Primary Registration District No. 4403
Rolla Hospital

File No.
Registered No. 30
St. Ward)

2. FULL NAME

(a) Residence, No. Frank Carr 600 Ward. Eminence, Mo. St.

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie Carr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 28 - 1861</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>-</u>	DAYS <u>13</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Athens Co. Ohio

13. NAME
Thomas Carr

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

15. MAIDEN NAME
Lenad' Prince

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

17. INFORMANT (ADDRESS)
Mrs Frank Carr
Eminence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Cedar Grove DATE 2/10 1938

19. UNDERTAKER (ADDRESS)
Carl K. Spurgeon
Rolla Mo

20. FILED Feb 12 1938 Joe J. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1938, to Feb. 10, 1938

I last saw him alive on Feb. 10, 1938. Death is said

to have occurred on the date stated above, at 5:00 p.m.

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

concussion of the brain.
21 p.m.
21

Other contributory causes of importance:

Fracture (compound) of the left leg with gas gangrene infection

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) Joseph McTand, M. D.
Polla Mo.

(Address) 610

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.

194 B.

Служба
Информации
и
Связи
США
U.S. DEPARTMENT OF
STATE

SECRET

U.S. DEPARTMENT OF
STATE
SECRET

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7798-
Do not use this space.

1. PLACE OF DEATH

(a) County Chelms Registration District No. 677
(b) Township Rolla Primary Registration District No. 4403 Registered No. _____
(c) City Rolla (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. A. Card

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

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

I last saw h... alive on 19... m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 - 17

Other contributory causes of importance:

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

Concussion of the brain was velocity on ground and was hit by the automobile (21733)

9. Industry or business in which work was done, as 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)

Fracture Compound of the left leg with gas gangrene & infection

13. NAME

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

Name of operation _____ Date of _____

15. MAIDEN NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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.

17. INFORMANT (ADDRESS)

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19...

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. Sydney McFarland, M. D.
(Address) Rolla

20. FILED _____, 19...

Local Registrar.

should state is very important

medical

INDICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

REGISTRARS SHALL NOT RECEIVE A FEE

in plain terms, so

SUPPLEMENT

S-7795