

REC'D MAY 17 1938

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

14279

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
 (b) Township Carrollton Primary Registration District No. 3010 Registered No. 42
 (c) City Carrollton (d) Street No. Station Hospital 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. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 000

2. PRINT FULL NAME Margie Day

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 11 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Peery Co. Kentucky13. NAME M. M. Day14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Eva Campbell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Myrtle Bell Sumner
 Mabelda no18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 4-1219. FUNERAL DIRECTOR (ADDRESS) Willis Funeral Home
 Carrollton Mo20. FILED 4-11 1938 John Haskin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10 193822. I HEREBY CERTIFY That I attended deceased from Mar 20 to Apr 10 1938I last saw him alive on 4-10 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Diphtheria
(Enteritis)

Date of onset

Other contributory causes of importance: 11/2Name of operation None 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) , M. D.(Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

Ralph Van Landingham E.

No. 4009 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ralph Van Landingham
Licensed Embalmer No. 4009

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)