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

Do not use this space.

18208

File No.

Registered No. 132

JUN 19 1939

1. PLACE OF DEATH

County Callaway

Township

City Fulton (No. , St. Ward)

Registration District No. 104

Primary Registration District No. 3008

2. FULL NAME Henry Ragland Carr

(a) Residence, No. New Bloomfield, Missouri. Ward.
(Usual place of abode) (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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/27/1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	3	23	

OCCUPATION

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

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 0

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

FATHER

13. NAME J.H. Carr 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Cassie Ragland

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

17. INFORMANT Mrs. Elizebeth Carr
(ADDRESS) Fulton, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton, Mo. Hillcrest DATE 5/22/1939, 19

19. UNDERTAKER Ray A. Holt
(ADDRESS) New Bloomfield, Missouri.

20. FILED May 22, 1939 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20/1939, 19

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

I last saw ~~him alive~~ on May. 20th, 1939. Death is said to have occurred on the date stated above, at 5 P. m.

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

every indication an attack of Heart trouble caused death suddenly

Date of onset

Other contributory causes of importance: 2DDN

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) J. W. Holman Coroner M. D.

(Address) 8-E. 8th St. FULTON, 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.