

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

Do not use this space.

13776

1. PLACE OF DEATH

County Jefferson
Township Opheim
City Herculeaux Mo

Registration District No. 42/3
Primary Registration District No. 33/3

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME

Julia Carrow

(a) Residence No. Herculeaux Mo St. Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nois Carrow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 | | 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) French Village Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Laffer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Francis Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER L. Harms

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. James Mo
(STATE OR COUNTRY)

14. INFORMANT Nois Carrow
(Address) Herculeaux Mo

15. FILED 4/25 1928 J. C. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1928

17. I HEREBY CERTIFY That I attended deceased from April 24, 1928, to April 24, 1928, that I last saw him alive on April 24, 1928, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Myocarditis

CONTRIBUTORY (SECONDARY) Pneumonia (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 908
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. E. H. Anderson M. D.

Apr. 25, 1928 (Address) Herculeaux Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Herculeaux Mo DATE OF BURIAL April 26, 1928

20. UNDERTAKER Wheeler & Vineyard ADDRESS Leola 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.

