

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

Do not use this space.

14088

2-1929

**1. PLACE OF DEATH**

County Carroll Registration District No. 135  
Township Carrollton Primary Registration District No. 3010  
City Carrollton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 46  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-15-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
X 4 X

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carrollton  
(STATE OR COUNTRY)

10. NAME OF FATHER Earl Nantz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) La.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Faye Standley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carrollton  
(STATE OR COUNTRY)

14. INFORMANT Earl Nantz  
(Address) Carrollton Mo

15. FILED 4-16-29 Mrs E.E. Furlow  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-15-1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to April 16, 1929  
that I last saw him alive on an apr. 14, 1929, and that death occurred, on the date stated above, at 2:31 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

marasmus

159 (duration) indefinitely determined yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical diagnosis  
(Signed) W.H. Shiller M. D.

, 19 (Address) Carrollton 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 Powerl DATE OF BURIAL Apr 16 1929

20. UNDERTAKER Standley ADDRESS Carrollton 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.

PARENTS

