

DEC 20 1930

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

Do not use this space.

35559

1. PLACE OF DEATH

County Carroll
Township Carroll
City Carroll (No. _____)

Registration District No. 135
Primary Registration District No. 3010

File No. _____
Registered No. 99
St. _____ Ward _____

2. FULL NAME

Clarence R Micalf

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs C.R. Micalf

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-22-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 41 1 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Elmwood
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER William R. Micalf

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

12. MAIDEN NAME OF MOTHER Ella Kendall

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

14. INFORMANT Mrs. F. D. Auwiler
(Address) 411 Booth ave Kansas City Mo

15. FILED 11-10-1930 Mrs. E. E. Farrah
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-8 1930

17. I HEREBY CERTIFY, That I attended deceased from 11/3 1930, to 11-8 1930, that I last saw him alive on 11-8 1930, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

appended followed by acute Peritonitis
121B

129 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED Residence mo
IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-5-30
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Roy Benson, M. D.

11/10 1930 (Address) Carroll 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 Big Creek Cemetery
DATE OF BURIAL 11/10 1930

20. UNDERTAKER Leopold Muel
ADDRESS Carroll Mo

WHITE PLAINLY, WITH OUTFACING MARKINGS. 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.

WHITE PLAINLY, WITH OUTFACING MARKINGS

