

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

Do not use this space.

21754

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1000**
 City **St. Louis** (No. **mo Baptist Hospital**) St. Ward

File No.
 Registered No. **5558**

2. FULL NAME

(a) Residence No. **John P. Carraway** St. **Sikeston, Mo** Ward **1**
 (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.

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 **Hester Carraway**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 26-1885**

7. AGE YEARS **49** MONTHS **5** DAYS **29** If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **International Shoe**

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) **Ky.**

13. NAME **Hub**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hub**

15. MAIDEN NAME **Hub**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hub**

17. INFORMANT (ADDRESS) **Hester Carraway Sikeston, Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sikeston, Mo** DATE **6-28-30**

19. UNDERTAKER (ADDRESS) **W. M. Sikeston, Mo**

20. FILED **9 F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 25**, 19**30**

22. I HEREBY CERTIFY, that I attended deceased from **April 29**, 19**23**, to **June 25**, 19**30**

I last saw him alive on **June 25**, 19**30**. Death is said

to have occurred on the date stated above, at **5³⁰** p. m.

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

81A
Terminal Anemia
with spinal cord disease
135B
81

Other contributory causes of importance:
red spots and crystals

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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? **no**

If so, specify.....

(Signed) **P. J. Farmer**, M. D.

(Address) **Metropolitan Bldg. St. Louis**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RESERVED FOR BINDING

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JUN 20 1930

