

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

Do not use this space.

MAR 28 1935

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**1. PLACE OF DEATH**

County St. Francois  
Township Perry  
City Bonne Terre, Mo.

Registration District No. 775  
Primary Registration District No. 6020

File No. \_\_\_\_\_  
Registered No. 17  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Zeno Clarence Carrow

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Carrow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27, 1886</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>8</u>
	Days <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Delivery man</u>	
	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.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>French Village Missouri</u>		
13. NAME <u>Peter H Carrow</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>French Village Missouri</u>		
15. MAIDEN NAME <u>Mary Labryere</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Anna Carrow Bonne Terre Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cemetery</u> DATE <u>Feb. 27, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Benham Und. Co Bonne Terre Mo.</u>		
20. FILED <u>Feb. 27, 1935</u> <u>N.W. Hawkins</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1935 to Feb. 25, 1935  
I last saw him alive on Feb. 24, 1935 Death is said to have occurred on the date stated above, at 3 A.M.  
The principal cause of death and related causes of importance were as follows:  
Pleuro Pneumonia Date of onset 2-18-35

Other contributory causes of importance:  
Gall Stone Colic 2-24-35

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Physically Was there an autopsy? No

23. If death was due to external causes (violence), list in also the following:  
Accident, suicide, or homicide? X Date of injury X, 19\_\_\_\_  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

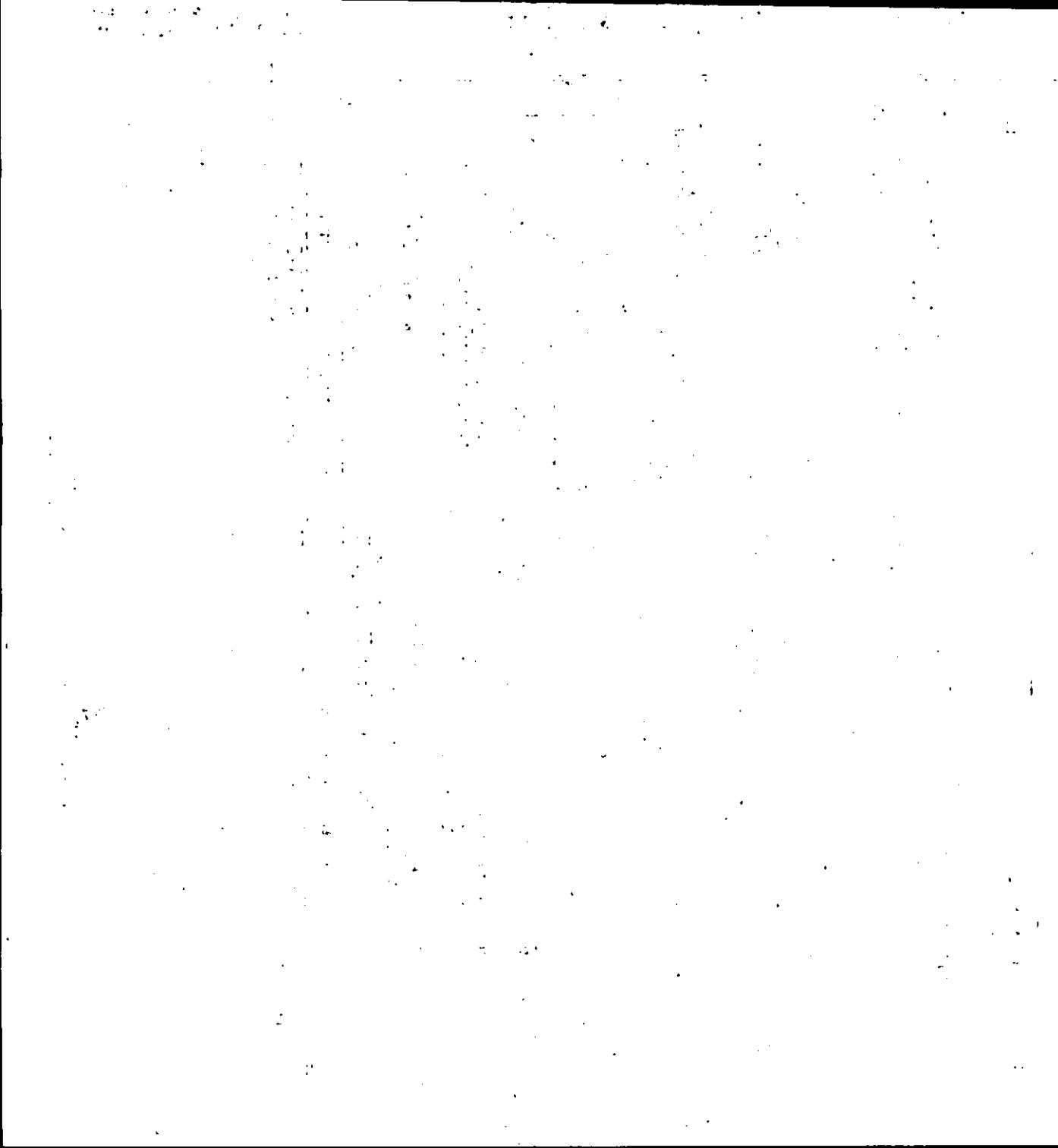
Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) A. L. Evans, M. D.  
(Address) Bonne Terre Mo

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.

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MAY 20 1935

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

## 1. PLACE OF DEATH

County St. FrancoisRegistration District No. 775

Township .....

Primary Registration District No. 6020

City .....

(No. ....)

File No. ....

Registered No. 17

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Zeno Clarence Parrow 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

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)M5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS  
48MONTHS  
8DAYS  
28If LESS than 1  
day, .... hrs.  
or .... min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER  
(ADDRESS)

20. FILED Feb. 27, 1935

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw alive on....., 19..... Death is said

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

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

Pneumonia Tober Date of onset

Other contributory causes of importance:

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)....., M. D.

(Address).....

NOTE: 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY  
 FEB 25 1935

MAY 1 1964

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