

APR 17 1936

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

Do not use this space.

10265

## 1. PLACE OF DEATH

County Gundy  
Township  
City Trenton (No. \_\_\_\_\_)

Registration District No. 328  
Primary Registration District No. 3017

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

## 2. FULL NAME

Holly Huston Carr

(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. 43

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Mrs Minnie Carr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 - 1892

7. AGE YEARS 43 MONTHS 2 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Truck Driver  
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) Empidon Co. Mo.13. NAME Husse Grant Carr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Bessie McDannald16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stamington Co Mo17. INFORMANT Mrs Minnie Carr (ADDRESS) Empidon Road Trenton Mo18. BURIAL, CREMATOR, OR REINTERMENT Berea Mound DATE March 10, 193619. UNDERTAKER Bernie O Davis (ADDRESS) Trenton Mo. 321620. FILED 3 5 6 1936 Irene D Fair Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 193622. I HEREBY CERTIFY, That I attended deceased from February 20th 1936, to March 4th 1936I last saw him alive on March 3rd 1936. Death is saidto have occurred on the date stated above, at 4:00 Am.

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

Carcinoma of Colon (hepatic form) (Date of onset) About Jan 1st 1936  
With Metastases To Liver

Other contributory causes of importance NoneName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) Oliver F. Duffy, M. D.(Address) Trenton, Missouri

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.

