

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.

NOV 20 1940

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

Do not use this space.

35964

1. PLACE OF DEATH

County Sumner Registration District No. 653
 Township W Primary Registration District No. 5871
 City Sumner (No.) St. Ward

File No.
 Registered No. 9495
 St. Ward

2. FULL NAME

Mary Lois Carnell
 (a) Residence, No. 15uring St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-40
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min.

OCCUPATION
 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 occupation.....

12. BIRTHPLACE (CITY OR TOWN) Leamy mo (STATE OR COUNTRY) 0

MOTHER FATHER
 13. NAME Thos Edward Carnell 1

14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) 0

15. MAIDEN NAME Gladys Naile

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

17. INFORMANT Wm Carnell (ADDRESS) Sumner

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner, Mo DATE 10-16 40

19. UNDERTAKER Thos (ADDRESS) 946

20. FILED 10/15, 1940 Pearl Kelley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 19... to ... 19...
 I last saw he alive on Oct 15, 1940 Death is said to have occurred on the date stated above, at 11:19 a.m.
 The principal cause of death and related causes of importance were as follows:

Atelutisio (partur) Date of onset 10-15
154
 Other contributory causes of importance:
Primative (L/P mo)

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) William J. Pull M. D.
 (Address) Sumner

11-40-17