

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

Do not use this space.

11817

MAY 25 1934

1. PLACE OF DEATH

County Barry
Township Sugar Creek
City _____ (No. _____) St. _____ Ward _____

Registration District No. 36
Primary Registration District No. 5052

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

John Leroy Carnell
(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 <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>Rosanna Carnell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/21/1878</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>3</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer and teacher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer - all life</u>		
10. Date deceased last worked at this occupation (month and year) <u>Farmer all life</u>		
11. Total time (years) spent in this occupation <u>25 yrs</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Mo</u>
13. NAME <u>W. A. Carnell</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
15. MAIDEN NAME <u>Munsey</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT <u>Rosanna Carnell</u> (ADDRESS) <u>Seligman Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Salem Cemetery</u> DATE <u>4/1</u> 19 <u>34</u>
19. UNDERTAKER <u>W. A. Carnell</u> (ADDRESS) <u>Carnell Mo</u>
20. FILED <u>4/14</u> 19 <u>34</u> <u>S. R. Osborne</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Apr. 13, 1934
I last saw h. s. m. alive on Apr. 13, 1934. Death is said to have occurred on the date stated above, at 8:45 a. m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular heart disease.
Chronic interstitial nephritis.
Other contributory causes of importance _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? history 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? _____
If so, specify _____
(Signed) Dr. Chas. R. Brown
(Address) Seligman Mo

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.

