

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

Do not use this space.

37996

1. PLACE OF DEATH

County St. Francis Registration District No. 775
 Township Perry Primary Registration District No. 6020
 City Bonne Terre, Mo (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 78

2. FULL NAME

Mary Carrow
 (a) Residence. No. Bonne Terre, Mo, 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 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 Pete Carrow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 10 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve Co, Mo
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Jule Laubayer
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste. Genevieve
 (STATE OR COUNTRY) Co. Mo
 12. MAIDEN NAME OF MOTHER Rosealee Bequette
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ste. Genevieve
 (STATE OR COUNTRY) Mo

14. INFORMANT Pete Carrow
 (Address) Bonne Terre, Mo

15. FILED 11/22/28 J. A. Son
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov Oct 20, 1928, to Oct 20, 1928
 that I last saw her alive on Oct 20, 1928, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
59 (duration) 3 yrs. mos. ds.
985 Gangrene of left foot
 CONTRIBUTORY (SECONDARY) (duration) 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Examination
 (Signed) J. A. Son, M. D.
 (Address) Bonne Terre, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonne Terre Catholic Cem DATE OF BURIAL Nov. 23 1928

20. UNDERTAKER John Ward ADDRESS Bonne Terre

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.

WRITE PLAINLY, WITH OUTRADING MARKS

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