

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

Do not use this space.

11993

File No. _____
Registered No. 5 _____
St. _____ Ward _____

1. PLACE OF DEATH
26 County Cole Registration District No. 214
Township Marion Primary Registration District No. 52-21
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Carol Virginia Bandy
(a) Residence, No. Centertown, Mo. R.F.D. 2 Ward _____ (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>f</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>2</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27-1932</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<u>25</u>	
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) (STATE OR COUNTRY) <u>Cole Co Mo</u>				
FATHER	13. NAME <u>Chas G. Bandy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson City Mo</u>			
	15. MAIDEN NAME <u>Rosa Birge</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co Mo</u>			
17. INFORMANT (ADDRESS) <u>Chas G. Bandy Centertown Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope Cem</u> DATE <u>Apr. 22-1932</u>				
19. UNDERTAKER (ADDRESS) <u>Wm G. Gordon Centertown Mo</u>				
20. FILED <u>4/22/32</u> 19 <u>32</u> <u>H. T. Leach</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1932

22. I HEREBY CERTIFY, That I attended deceased from March 27 1932, to April 21 1932
I last saw her alive on April 21 1932 Death is said to have occurred on the date stated above, at 40 m.
The principal cause of death and related causes of importance were as follows:

Date of onset March 27/32

Assistant foramenovale
1590

Other contributory causes of importance: Bumblers

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) Wm G. Gordon, M. D.
(Address) _____

MARGIN RESERVED FOR BINDING

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.

MAY 28 1932

V.S. NO. 2.

