

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

1 PLACE OF DEATH

County Vernon
Township Washington
or
Village
or
City State Hospital No. 3

Registration District No. 875 File No. 43701
Primary Registration District No. 6162 Registered No. 291
St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Pink Carnett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) unknown

16 DATE OF DEATH December 11, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH unknown
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 15, 1916 to Dec 11, 1917, that I last saw him alive on Dec 11, 1917, and that death occurred, on the date stated above, at 11:25 am.

7 AGE about 50 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
General Paralysis of the Insane
83
(Duration) _____ yrs. _____ mos. _____ ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work unknown (b) General nature of industry business or establishment in which employed (or employer) _____

CONTRIBUTORY (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (City or town, State or foreign country) unknown

(Signed) J. Dawson M. D. 12-12-17, 1917 (Address) Nevada Mo

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death 1 yrs. 4 mos. 27 ds. In the unknown State _____ yrs. _____ mos. _____ ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. W. Bennett (Address) Nevada Mo

Where was disease contracted if not at place of death? Former or usual residence Jasper Co Mo

15 Filed 12/19, 1917 W. W. Bennett Registrar

19 PLACE OF BURIAL OR REMOVAL Kirksville Mo DATE OF BURIAL _____, 191_____

20 UNDERTAKER W. W. Bennett ADDRESS Nevada Mo

N. B.—Every item of information should be carefully supplied. AGE without minutes. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

