

37 2 5 1927

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

Do not use this space.

24628

1. PLACE OF DEATH

County Jasper
Township Carthage
City Carthage (No. St. Ward)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.

2. FULL NAME

Monis De Mel Island

(a) Residence No. 5017 N. Garrison 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 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) Feb. 22 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 | 5 | 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jasper County
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Otto Island

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Leta Henry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Leta Island
(Address) Carthage Mo.

15. FILED 5/3, 1927 R. B. Chum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1927, to Aug 3, 1927, that I last saw him alive on Aug 3, 1927, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* AS FOLLOWS:

Acute Epidemic Meningitis (meningococcus)

CONTRIBUTORY (SECONDARY) [Signature]
(duration) yrs. mos. da. 3 da.

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? culture
(Signed) A. A. La Parle, M. D.
Aug 4, 1927 (Address) Carthage 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 Carthage
Knell Mortuary Carthage DATE OF BURIAL Aug. 5 1927
ADDRESS

20. UNDERTAKER Knell Mortuary Carthage

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.

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