

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

Do not use this space.

549
30725
510

1. PLACE OF DEATH
County: Jasper Registration District No. 411
Township: ~~Wagon~~ 5569
City: ~~Wagon~~ 3 Miles N. E. of Jasper
File No. 30725
Registered No. 510

2. FULL NAME: William Karle

(a) Residence. No. _____ 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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF:

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 12 - 1838

7. AGE: YEARS: 89 MONTHS: — DAYS: 17 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired - 151A 36
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Jasper~~ Tenn

10. NAME OF FATHER: Sam Karle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ~~Jasper~~ Tenn

12. MAIDEN NAME OF MOTHER: Slaughter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ~~Jasper~~ Tenn

14. INFORMANT: ~~Wm Karle~~
(Address): ~~Jasper~~

15. FILED: 10/27/31
131
1931
G. Benson Clark
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/29/37

17. I HEREBY CERTIFY, That I attended deceased from Oct 17 1937, to Oct 24 1937 that I last saw him alive on Oct 27 1937 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic poisoning from carbuncle
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY): 152A
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED: 152A
IF NOT AT PLACE OF DEATH? _____

18' Did an operation precede death? _____ DATE OF _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Park
DATE OF BURIAL: 10/31/37

20. UNDERTAKER: Hurler & Co
ADDRESS: ~~Jasper~~

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.

PERMANENT RECORD

