

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

Do not use this space.

37094

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1007
 City Kansas City (No. St. Luke's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 4919

2. FULL NAME Dale Carmichial

(a) Residence. No. 2516 Van Brunt Blvd. 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. _____
 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29 - 1920

7. AGE YEARS 7 MONTHS 3 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Joplin Mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Harry T Carmichial

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

12. MAIDEN NAME OF MOTHER Ruby Colson

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

14. INFORMANT Harry T Carmichial
 (Address) 2516 Van Brunt

15. FILED 17/28 1927 M. M. Cramer REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28, 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1927, to Dec 28, 1927, that I last saw h. alive on Dec 27, 1927, and that death occurred, on the date stated above, at 7:05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suppurative peritonitis following perforative colitis

CONTRIBUTORY (SECONDARY) 1170 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. home

1 DID AN OPERATION PRECEDE DEATH. yes DATE OF Dec 26 - 1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. operation drainage

(Signed) E. R. Miller, M. D.

28, 1927 (Address) 800 Ralls - K. C. 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

Joplin Mo

DATE OF BURIAL

Dec 30 1927

20. UNDERTAKER

Quirk & Tobin Co --20 West Linwood

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.

