

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

Do not use this space.

37232

JAN 18 1928

**PLACE OF DEATH**

County Asper  
Township Asper  
City Joplin

Registration District No. 411

Primary Registration District No. 200

File No. \_\_\_\_\_

Registered No. 608

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sep 12 1906

7. AGE

YEARS 21

MONTHS 3

DAYS 17

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Common

(b) General nature of industry, business, or establishment in which employed (or employer)

Laborer

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Joplin Mo.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Fred H. Carey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Joplin

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Lenna Cory

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Mrs Lenna Carey  
Joplin Mo.

15.

FILED

1927  
130  
Dr. Benson Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Dec 29 1927

17.

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Dec 29, 1927, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him/her on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

accidental death -  
wound in head -  
gun shot - self inflicted

CONTRIBUTORY (SECONDARY)

183

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. M. Starnes, M. D.

12-29-27 (Address) Webb City Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Fairview Cem 12-31 1927

20. UNDERTAKER

ADDRESS

Wurth & Sons  
Joplin

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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