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

Do not use this space.

1. PLACE OF DEATH
County: Macon
Township: ~~Hadrian~~
City: Macon (No. ..... St. ..... Ward)

Registration District No. 533
Primary Registration District No. 3627

File No. .....
Registered No. 15595

2. FULL NAME: Ida May Carhart

(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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: X X

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 16-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	9	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Ohio

PARENTS
10. NAME OF FATHER: Elliott Carhart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): N. Y.
12. MAIDEN NAME OF MOTHER: Margaret Pettit
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs. R. G. Mitchell
(Address): Macon Mo

15. FILED 2/17 1928 Mrs. Luke Hunkler
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-5 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1927, to Feb 5 1928, that I last saw h. alive on Feb 5 1928 and that death occurred, on the date stated above, at 11:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
X24H
97 (duration) ..... yrs. 2 mos. + ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
..... (duration) 5 yrs mos. yrs. ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) P. G. Lowance, M. D.
2-6-1928 (Address) Macon 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: Oakwood Cem.
DATE OF BURIAL: Feb. 7 1928

20. UNDERTAKER: Albert Shumm
ADDRESS: Macon Mo.

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.

MAR 19 1928