

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.

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

Do not use this space.

19933

1. PLACE OF DEATH

County Richmond Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. Mo. Mil. Hosp.)

File No. _____
Registered No. 725
St. _____ Ward _____

2. FULL NAME

Ado Carrax
(a) Residence. No. 2816 Sacramento Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. E. Carrax

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 | 8 | 14 | _____

8. OCCUPATION OF DECEASED 122
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 84
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Exeter
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER George Inou

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

12. MAIDEN NAME OF MOTHER Ann Anderson

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

14. INFORMANT P. E. Carrax
(Address) 2816 Sac.

15. FILED John G. Pitt REGISTRAR
1928

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/4 1928

I HEREBY CERTIFY That I attended deceased from May 25 1928, to June 4 1928, and that I last saw her alive on June 4, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastric Dilatation
following operation for the relief
of Ventral Hernia and adhesions
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Post Operative Insanity
causing ex-haustion
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH _____

1. DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 26 - 1928
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. J. Mehill M. D.

1928 (Address) 208 Kirkpatrick Bldg
*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 Mt. Mora Cem DATE OF BURIAL 7/6 1928

20. UNDERTAKER J. L. Blumley ADDRESS 216 00

