

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

Do not use this space.

PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph (No. St. Joseph Hospital)

Registration District No. 85  
Primary Registration District No. 1001

File No. 26486  
Registered No. 962  
St. \_\_\_\_\_ Ward)

2. FULL NAME James Eugene Karl

(a) Residence. No. Hemple, Missouri St. \_\_\_\_\_ Ward. Hemple, Mo.  
(Usual place of abode)  
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. I ds. 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) May 1, 1924

|        |          |          |          |  |
|--------|----------|----------|----------|--|
| 7. AGE | YEARS    | MONTHS   | DAYS     | IF LESS than 1 day, _____ hrs. or _____ min. |
|        | <u>4</u> | <u>3</u> | <u>8</u> |  |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Hemple  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Peter F Karl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Katherine Sullivan-Aug 28 (Address) Kirkpatrick Bldg. St. Joseph Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Illinois.

14. INFORMANT Peter F Karl  
(Address) Hemple, Mo.

15. FILED 10 1928  
John G. Galt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 9 19 28

17. I HEREBY CERTIFY, That I attended deceased from viewed \_\_\_\_\_, 19 28 to August 9, 19 28 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1928, and that death occurred, on the date stated above, at 7:30 A.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Traumatic in  
following an accident  
when both feet were cut  
CONTRIBUTORY (SECONDARY) when he fell in  
front of mowing machine

18. WHERE WAS DISEASE CONTRACTED 210  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS View - History  
(Signed) J. O. Mays, Coroner, M. D.

\*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 Easton, Mo. DATE OF BURIAL Aug. 11 19 28

20. UNDERTAKER H. O. Diefaden ADDRESS 1802 Union.

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.

THIS IS A PERMANENT RECORD

