

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

Do not use this space.

10153
10

1. PLACE OF DEATH

Township Union, Suffolk

City Suffolk (No. _____)

Registration District No. 283

Primary Registration District No. 5402

File No. _____

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

(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

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

March 7 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 3 hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

X X

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

X

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Arbuzd. Mo.

10. NAME OF FATHER

O. W. Karnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Searath, Mo.

12. MAIDEN NAME OF MOTHER

(STATE OR COUNTRY)

Doris Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Searath, Mo.

14.

INFORMANT

(Address)

O. W. Karnes
Arbuzd, Mo.

15.

FILED

3/9/29

E. Dawson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar. 7 1929

17.

HEREBY CERTIFY that I attended deceased from Arbuzd to Arbuzd, 1929, that I last saw him alive on 5, 1929, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature - 8 months

159

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. B. Beck

M. D.

19

(Address)

Corduroy 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

DATE OF BURIAL

McGrew Cemetery

Mar. 7 1929

20. UNDERTAKER

ADDRESS

McDonnell Bros. Co.

Searath 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.

PR 24 1929

