

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

Do not use this space.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

3  
23  
3  
2

235  
12  
2

23  
2

13744 a  
23 1929

PLACE OF DEATH  
County Atchison Registration District No. 20  
Towship Jaskie Primary Registration District No. 4014  
City Jaskie (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lydia Carmean  
(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

13743 a  
File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. J. Carmean</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 18-1886</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>8</u>
	DAY <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> 930		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>12</u>		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
10. NAME OF FATHER <u>Robert J. Carmean</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
12. MAIDEN NAME OF MOTHER <u>Ethelbert Decker</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
14. INFORMANT (Address) <u>A. J. Carmean Jaskie Mo</u>	15. FILED <u>ap 15 29</u> <u>Chas. H. ...</u> REGISTRAR	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 13 1929

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 1929, to \_\_\_\_\_, 1929, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_, 1929.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
myocarditis  
& Chole cystitis

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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) \_\_\_\_\_ M. D.  
Chas. H. ...  
Address Jaskie 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  
Placant Ruby Fairfax DATE OF BURIAL 4/15 1929

20. UNDERTAKER  
J. M. Davis ADDRESS Jaskie Mo

