

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

Do not use this space.

18596

PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 116
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. E. W. Carlos, Jr. St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) June 11 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 2

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) (STATE OR COUNTRY) Columbia Mo.

10. NAME OF FATHER Ernest Carlos

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Missouri

12. MAIDEN NAME OF MOTHER Ruby Coleman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

14. INFORMANT Ernest W. Carlos (Address) 511 Lyons St.

15. James H. Seabrook REGISTRAR
FILED _____ 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-13-30

17. I HEREBY CERTIFY, That I attended deceased from 6-11-30, 1930 to 6-13-30, 1930 that I last saw him alive on 6-12-30, 1930 and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, lobar

CONTRIBUTORY (SECONDARY) 101A (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) W.O. Fischer, M. D.
, 19 _____ (Address) Columbia, 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 Providence DATE OF BURIAL 6-13-30 1930

20. UNDERTAKER M. W. Whitesides ADDRESS _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. EXCLUSIONS of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in v. important.

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