

MAR 26 1931

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

Do not use this space.

6613

1. PLACE OF DEATH

81

County Spring Creek Registration District No. 680  
Township Spring Creek Primary Registration District No. 6908  
City (No. ) St. Ward

2. FULL NAME

Dora Karnes

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddie Karnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 3 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife 235  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Springs Mo.

FATHER 13. NAME Joe Mace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerry, Mo.

MOTHER 15. MAIDEN NAME Mary Hopkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Renn

17. INFORMANT (ADDRESS) Eal Karnes  
Edgar Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell DATE 2/16/31

19. UNDERTAKER (ADDRESS) Edgar Springs, Mo.

20. FILED Mar 27, 1931 Alpha Cappel Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1931 to Feb. 15, 1931  
I last saw him alive on Feb. 15, 1931 Death is said to have occurred on the date stated above, at 3 P. M.  
The principal cause of death and related causes of importance were as follows:

measles

Other contributory causes of importance:  
Acute Parenchymatous Toxic Nephritis

Date of onset

Feb 3/31

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify  
(Signed) A. F. Reed M. D.  
(Address) Edgar Springs, 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.

