

MAR 27 1931

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

Do not use this space.

6673

1. PLACE OF DEATH  
 County Putnam Registration District No. 720  
 Township Liberty Primary Registration District No. 5951  
 City (No. ....) St. .... Ward (No. ....)

2. FULL NAME William Henry Carmenz  
 (a) Residence No. Liberty Trg. Putnam Co. Mo. Ward 7  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. ....  
 Registered No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 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 Husband, Rebecca Carmenz  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-1961  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 2 8  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work farming  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer at home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

PARENTS  
 10. NAME OF FATHER Adams Carmenz  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
 12. MAIDEN NAME OF MOTHER Luetta Berg  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Mrs Rebecca Allen  
 (Address) Mendota, Ill.

15. FILED meq 9 31 1931 E.E. Mclellan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-7-1931  
 17. I HEREBY CERTIFY, That I attended deceased from Nov 1930, to Feb 1931 that I last saw him alive on Dec 1930 and that death occurred, on the date stated above, at 8:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Physiological Carcinoma  
255  
 (duration) yrs. 6 mos. 0 ds.  
 CONTRIBUTORY (SECONDARY) 45  
 (duration) yrs. 0 mos. 0 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 (Signed) P. Bart M.D.  
 (Address) Courtsville, 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 Free Cemetery DATE OF BURIAL 7-2-1931  
Oppama, Iowa

20. UNDERTAKER Courtsville ADDRESS Unionville

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.

