

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

804

13

1. PLACE OF DEATH

39 County Pierson
 Township Center
 City Center (No. 1)

Registration District No. 220
 Primary Registration District No. 5443

File No. 804
 Registered No. 13
 St. Mo Ward 1

2. FULL NAME

(a) Residence. No. 2 St. 1 Ward 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 yrs. ✓ mos. ✓ ds. ✓
 How long in U.S., if of foreign birth? 2 mos. ✓ ds. ✓

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>W. D. Atkins</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1-28-1858</u> | | |
| 7. AGE YEARS <u>73</u> | MONTHS <u>5</u> | DAYS <u>17</u> If LESS than 1 day, <u>✓</u> hrs. <u>✓</u> min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Ret Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Usual</u> (c) Name of employer <u>None</u> | | |
| 9. BIRTHPLACE (CITY OR TOWN) <u>Manis Co Mo</u> (STATE OR COUNTRY) <u>Mo</u> | | |

| | |
|--|---|
| PARENTS | 10. NAME OF FATHER <u>Wm. O. Carnes</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY) |
| | 12. MAIDEN NAME OF MOTHER <u>Ruth Branson</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY) |
| 14. INFORMANT <u>W. D. Atkins</u> (Address) <u>RT 75 Reedwood</u> | |
| 15. FILED <u>1/2-32</u> <u>Lucy E. Hoyal</u> REGISTRAR | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15-1932

17. I HEREBY CERTIFY, That I attended deceased from 1930 to Jan 15, 1932, that I last saw her alive on 1-12, 1932, and that death occurred, on the date stated above, at 12:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Paralysis
 (duration) 20 hrs. yrs. ✓ mos. ✓ ds. ✓

CONTRIBUTORY (SECONDARY) about (duration) 2 yrs. ✓ mos. ✓ ds. ✓

18. WHERE WAS DISEASE CONTRACTED as P.O.S
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 1

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Usual Amp
 (Signed) T. J. Winkle, M. D.
1/15/1932 (Address) Bois d'Arc 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 <u>Manis Co Mo Carnes Cem</u> | DATE OF BURIAL <u>1/17-1932</u> |
| 20. UNDERTAKER <u>W. Klingner</u> | ADDRESS <u>Mo</u> |

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.

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

