

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

Do not use this space.

19902

1. PLACE OF DEATH

49 County Jasper Registration District No. 413
 Township Meruval Primary Registration District No. 5599c
 City Deerfield (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 19

2. FULL NAME

Grover C Carmody
 (a) Residence. No. _____ St. _____ Ward Deerfield
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

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 Ruby Carmody
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1888
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
44 1 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Miner
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Grandin, Mo
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Michael Carmody
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mich
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Sarah
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mich
 (STATE OR COUNTRY)

14. INFORMANT Records
 (Address)

15. FILED 6/13/1932 J E Weaver
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1932
 17. I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to June 12, 1932, that I last saw him alive on June 12, 1932, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Tuberculous Meningitis
Pulmonary Tuberculosis
Sclerosis
Arteriosclerosis 5th Lumbar Vertebra
 (duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 23
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS Pepitic Sputum
 (Signed) June E. Douglass, M. D.
6/12, 1932 (Address) Webb City

*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 Learterville Cem DATE OF BURIAL 6/13/1932

20. UNDERTAKER Webb City Und Co ADDRESS Webb City

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.

JUL 25 1932

