

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

Do not use this space.

25253

1. PLACE OF DEATH

1 County Adair
2 Township Benton S.E.
7 City Kirkville

Registration District No. 4
Primary Registrar's Office No. 3001
No. 1015 S. Florence

File No. _____
Registered No. 127
St. _____ Ward _____

2. FULL NAME Louis Theodor Karno

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1848
7. AGE YEARS 84 MONTHS 5 DAYS 27 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year) 20 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quinton Ill? Bureau County?

13. NAME William Karno
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Delia Richards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Will. Rotman

18. BURIAL, CREMATION, OR REMOVAL PLACE West Grove DATE 8-17

19. UNDERTAKER (ADDRESS) Davis + Wilson
Kirkville Mo.

20. FILED Aug 23, 1932 Mrs. C. H. Becker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1932 to Aug 16 1932
I last saw him alive on Aug 16 1932. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
930
750
Other contributory causes of importance: Arteriosclerosis
3

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 _____, 19____
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) John H. Newby, D.O.
(Address) Kirkville Mo.

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.

SET 21 1932

OR BINDING

