

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

Do not use this space.

40197

1. PLACE OF DEATH

49 County Jasper
5 Township
7 City Carthage (No.)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Lewis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2, 1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis, Ind.

13. NAME James Woodard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Rachel Kennedy

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

17. INFORMANT Mrs. Shumaker (ADDRESS) Rt 4 Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 12/13/32

19. UNDERTAKER Ulmer - Drake (ADDRESS) Carthage, Mo.

20. FILED Dec 13 1932 P. H. Fitcham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932 to Dec 12, 1932

I last saw him alive on Dec 11, 1932 Death is said

to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

Acute hepatitis Date of onset Dec 1, 32
92 A
150 92 A
Other contributory causes of importance:
Mitral regurgitation ①

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) A. H. Holsen, M. D.

(Address) Carthage, 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.

