

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.

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

Do not use this space.

8643

1. PLACE OF DEATH

County Buchanan
Township Wayne
City Halls, Missouri

Registration District No. 82

Primary Registration District No. 5128

File No. 20

Registered No. 20

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Halls, Mo.

(Usual place of abode)

St. _____

Ward _____

(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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Geo. A. Karnica

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 16, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

78

5

27

OCCUPATION

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.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

Housewife

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Halls, Missouri

FATHER

13. NAME

James H.ilson

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

Buchanan, Missouri

MOTHER

15. MAIDEN NAME

Unknown

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

Buchanan, Missouri

17. INFORMANT
(ADDRESS)

James H.ilson

18. BURIAL, CREMATION, OR REMOVAL

Place

Ethel Cem.

DATE

Mar. 15, 1933

19. UNDERTAKER
(ADDRESS)

E. J. Sidenfaden

1602

Mich. 15, 1933

J. J. Bausche

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from
Mar 2, 1933, to Mar 13, 1933

I last saw him alive on Mar 11, 1933 Death is said

to have occurred on the date stated above, Mar 20 m.

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

466

Cancer of the Liver

Other contributory causes of importance:

466

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) William A. Robertson, M. D.

(Address) St. Joseph, Mo.

