

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

Do not use this space.

**23463**

**1. PLACE OF DEATH**

County Jasper  
Township Monticello  
City Carthage (No. ....)

Registration District No. 408  
Primary Registration District No. 3020

File No. ....  
Registered No. 408 St. .... Ward)

**2. FULL NAME**

Albert Foster Carmean

(a) Residence. No. 1103 Main 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13, 1863

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. min.  
69 9 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Keokuk Iowa  
(STATE OR COUNTRY)

10. NAME OF FATHER Bearson Carmean

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown Iowa  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Euphemia Venice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown Iowa  
(STATE OR COUNTRY)

14. INFORMANT Carl Carmean  
(Address) Carthage, Mo

15. FILED July 13, 1933 J. D. Colvinton REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1933

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1933 to July 12, 1933 that I last saw him alive on July 12, 1933, and that death occurred, on the date stated above, at 5 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

chr Pnelonephritis following chr infected teeth  
1 1/2 (duration) 1 yrs. 9 mos. 29 ds.

CONTRIBUTORY (SECONDARY) none  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS wine exam  
(Signed) F. A. Le Parc M. D.

July 13, 1933 (Address) Carthage, 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 Park Cemetery DATE OF BURIAL July 14, 1933

20. UNDERTAKER Free Mortuary 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.

WHITE PLAIN, WITH UPDATING INK—THIS IS AN IMPROVED RECORD

AGE 20 1933

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