

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

Do not use this space.

27365

OCT 20 1933

1. PLACE OF DEATH

County Pulaski
Township Jenn
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 716
Primary Registration District No. 6945

File No. _____
Registered No. 15

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 2 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 Jessie Rose Carmack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm
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) Pulaski Co. Mo.

FATHER 13. NAME Charles Carmack

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

MOTHER 15. MAIDEN NAME Polly Payne

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

17. INFORMANT (ADDRESS) Joe Carmack
Leicester Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Mo. DATE Aug 9 1933

19. UNDERTAKER (ADDRESS) J. H. Hoopes & Sons
Pulaski Mo.

20. FILED 9/15 1933 K. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1933 to Aug 8, 1933
I last saw him alive on Aug 8, 1933 Death is said

to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Bright's Disease
Appl 1933
July 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? Specimen Was there an autopsy? Yes

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? Yes
If so, specify _____

(Signed) C. G. Talbot, M. D.
(Address) Wagonville

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.

