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.

OCT 20 1933

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

Do not use this space.

28300

11/5/9

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 902

City St.Joseph, (No. 1124½ Ridenbaugh St. St. Ward)

2. FULL NAME Joseph Nelson Karnes

(a) Residence, No. 1124½ Ridenbaugh St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar.4,1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy County Recorder.

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) 1932

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co, Mo.

FATHER

13. NAME James G.Karnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co, Va.

MOTHER

15. MAIDEN NAME Nancy Peters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Va.

17. INFORMANT (ADDRESS) Mrs. Otie P.Karnes 1124½ Ridenbaugh St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Sept.12,1933

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St.Joseph, Mo.

20. FILED SEP 11 1933 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept,10,1933 .19

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1933, to Sept 10, 1933

I last saw him alive on Sept 8, 1933 Death is said to have occurred on the date stated above, at 1.25 A.M.

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

Bronchio pneumonia — Date of onset 9-7-33

107A

162

Other contributory causes of importance: Debility and old age

Name of operation ✓ Date of

What test confirmed diagnosis? 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) Thomas Redmond M. D.

(Address) Phys.& Surg.Bldg. St.Joseph, Mo.