

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Liberty
City Philips (No. 1)

Registration District No. 978
Primary Registration District No. 5008

File No. 23034
Registered No. 1 St. 1 Ward 1

2. FULL NAME

(a) Residence, No. Philips St. 1 Ward 1

(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 M 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 Emmie Eitel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, 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

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

FATHER 13. NAME George A. Carnagey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Mary Faust
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Andrew J. Carnagey (ADDRESS) Pattonburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grav. Empty DATE July 18 1934

19. UNDERTAKER Llewellyn Don (ADDRESS)

20. FILED July 20, 1934 J. S. Gashwiler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934 to July 14 1934.
I last saw him alive on July 15 1934. Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:
Albuminous nephritis
and Mitral Incompetency.
The Kidney trouble being the
cause of death.

Other contributory causes of importance:

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
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 NE Munn, M. D.
(Signed) Movinger, Mo
(Address)

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.

AUG 15 1934

S-23034