

SEP 4 1934

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

Do not use this space.

30366

1. PLACE OF DEATH

County

Pettis

Registration District No.

668

Township

Longwood

Primary Registration District No.

5898

City

(No.

Lester Henry Kariick

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

43 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OF RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

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

Mar 21 - 1890

7. AGE

YEARS

44

MONTHS

DAYS

4 28

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Hammer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at Home

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

Aug 1934

11. Total time (years) spent in this occupation

44 yrs

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

Salina, Mo

13. NAME

Lindolph Kariick

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

Salt Lake City, Utah

15. MAIDEN NAME

Pearl Lynn Kariick

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

Chickasha, Okla

17. INFORMANT (ADDRESS)

Jessie Kariick Lewis, Houston, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Longwood

DATE

8/22 1934

19. UNDERTAKER (ADDRESS)

W. C. Westworth, Houston, Mo

20. FILED

8/22 1934

Jean Sluete, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19 1934

22. I HEREBY CERTIFY, That I attended deceased from

Her body, 19, to Aug 20, 1934

I last saw him alive on, 19, 19. Death is said

to have occurred on the date stated above, at 3 a. m.

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

Suicide by drinking carbolic acid 163

Date of onset

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 ... Aug 19, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify

(Signed) Dr. E. L. ...

(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.

SEP - 4 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

