

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.

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

Do not use this space.

MAR 21 1935

**1. PLACE OF DEATH**

County Clark  
Township Jackson  
City Jackson (No. \_\_\_\_\_)

Registration District No. 190  
Primary Registration District No. 5274

File No. 4707  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Elizabeth Jane Karnes**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>W.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Ernestus Karnes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14, 1856</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At. Home</u>			
	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) <u>Tioga, Virginia</u>				
MOTHER FATHER	13. NAME <u>Phillip Ensminger</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	15. MAIDEN NAME <u>Elizabeth Jane Wilson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
17. INFORMANT <u>Mrs. Wm. Golliber</u> (ADDRESS) <u>Kaokuk Iowa</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kaokuk Iowa</u> DATE <u>Feb 21</u> 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>Fred J. Karlew</u> <u>Kaokuk Iowa</u>				
20. FILED <u>21</u> 19 <u>35</u> <u>J. P. O'Brien</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1935 to Feb 17 1935  
I last saw h. \_\_\_\_\_ alive on Feb 18 1935 Death is said to have occurred on the date stated above, at 10.30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Pneumo-pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:  
10 m

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 \_\_\_\_\_, 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?  
If so, specify \_\_\_\_\_  
(Signed) [Signature], M. D.  
(Address) Kaokuk Mo

