

SEP 2 1 1935

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

Do not use this space.

26811

1. PLACE OF DEATH  
 County Johnson Registration District No. 427  
 Township Holden Primary Registration District No. 4253  
 City Holden (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Larkin Carmichael  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 38

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 1 20

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Minister  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1935

17. I HEREBY CERTIFY, That I attended deceased from July 10 to Aug 14, 1935, that I last saw him alive on July 10, 1935, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General Debility  
82-2-15

CONTRIBUTORY (SECONDARY) Apoplexy  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Ernest Thompson M. D.  
 , 19 \_\_\_\_\_ (Address) Holden Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER J. B. Carmichael  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Nancy Ferguson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

14. INFORMANT G. L. Carmichael  
 (Address) Holden Mo

15. FILED Aug 15 1935 J. A. Murray REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Liberty Cemetery DATE OF BURIAL Aug 15 1935

20. UNDERTAKER J. W. Groves ADDRESS Holden Mo

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.

