

JUN 24 1936

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

Do not use this space.

20220

1. PLACE OF DEATH

County Nodaway Registration District No. 628  
Township ..... Primary Registration District No. 2031  
City Maryville (No. St. Francis Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 69  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rolla Blain Carmichael  
1011 NW Maryville St. \_\_\_\_\_ Ward \_\_\_\_\_  
(a) Residence, No. \_\_\_\_\_ (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1 1923  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
13 2 29

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, 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) Nodaway Co. (STATE OR COUNTRY) Mo.

FATHER  
13. NAME Everett Carmichael

14. BIRTHPLACE (CITY OR TOWN) Nodaway Co. (STATE OR COUNTRY) Mo.

MOTHER  
15. MAIDEN NAME Margaret M Murphy

16. BIRTHPLACE (CITY OR TOWN) Nodaway Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Margaret Everett Carmichael (ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL Workman Chapel PLACE DATE May 31 1936

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo.

20. FILED May 30 1936 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25 1936, to May 28 1936  
I last saw him alive on May 28 1936. Death is said to have occurred on the date stated above, at 8 P. m.

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

Strep. meningitis following vaccine mastoid Date of onset \_\_\_\_\_

Other contributory causes of importance None

Mastoiditis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? lobotomy 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) H. M. Hallis Jr, M. D.  
(Address) Maryville Mo.

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.

