

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.

JUL 25 1936

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

Do not use this space.

23906

1. PLACE OF DEATH

County Polk Registration District No. 709  
Township Polk Primary Registration District No. 6291  
City Polk (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. FULL NAME

Andy Carl  
(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Addie West</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 28 - 1858</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>17</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>Farm</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>Polk Co Mo</u>				
MOTHER	13. NAME <u>Jack Carl</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not k</u>			
	15. MAIDEN NAME <u>Nancy Irish</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not k</u>			
17. INFORMANT (ADDRESS) <u>Matthie Emmitt</u> <u>Humansville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Polk</u> DATE <u>May 15</u> 19 <u>36</u>				
19. UNDERTAKER (ADDRESS) <u>Richardson</u> <u>Polk</u>				
20. FILED <u>June 23</u> 19 <u>36</u> <u>Veda Mcdermott</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jack 1936 to May 14 1936  
I last saw him alive on May 5 1936. Death is said to have occurred on the date stated above, at 10 - P. m.  
The principal cause of death and related causes of importance were as follows:  
Asphyxia of  
Throat  
due

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Asphyxia 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? no  
If so, specify \_\_\_\_\_  
(Signed) Chas P Newin M. D.  
(Address) Humansville Mo

