

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

Do not use this space.

40213

DEC 4 1936

1. PLACE OF DEATH

County Wright Registration District No. 908
Township mta chre Primary Registration District No. 6222
City Paul Carmen (No.) St. (Ward)

File No.
Registered No. 54

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) Dec 25, 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
2 9 23

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/21, 1936
22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1936 to 10/22, 1936
I last saw him alive on 10/22, 1936. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

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

Enteritis
10/21
Date of onset
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Grove, Mo.
13. NAME Ben Carmen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Florence Simons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
17. INFORMANT Ben Carmen (ADDRESS) mta chre, mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Willard Cem DATE 10-23-36
19. UNDERTAKER None (ADDRESS)
20. FILED 10-23-36 36 Permie Montgomery Registrar.

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) R. A. Ryan, M. D.
(Address) mta chre

N. B.—Every item of information should be carefully supplied. A GE 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.

