

FEB 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pulaski
 Township Tavern
 City Crocker (No. 2)

Registration District No. 716
 Primary Registration District No. 5945

File No. 2655
 Registered No. 3
 St. _____ Ward _____

2. FULL NAME Mary E. Carnes

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm. H. Carnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-20-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 8 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 28
 10. Date deceased last worked at this occupation (month and year) Jan. 15, 1937 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Miller County
 (STATE OR COUNTRY) Mo.

13. NAME Wm. Hale

14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth DeGraffenried

16. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Emma Kelso
 (ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cemetery DATE Jan. 26, 1937

19. UNDERTAKER J. L. Hoops & Sons
 (ADDRESS) Crocker, Mo.

20. FILED Jan 26 1937 M. J. Deep
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 . 19 37

22. I HEREBY CERTIFY, that I attended deceased from Jan. 17, 1937 to Jan. 25, 1937
 I last saw him alive on Jan. 24, 1937. Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia bronchial Date of onset 1-22-37

Other contributory causes of importance:
Asphyxia 1-16-37

Name of operation 0 Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Cracker, Mo., M. D.
 (Address) Cracker, 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.

