

MAY 21 1937

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

Do not use this space.

16578

1. PLACE OF DEATH  
County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence (No. At Sanitarium)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. VIOLA CATHERINE SCHERER CARMACK.  
(a) Residence, No. BUCKNER Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 27 yrs. X mos. X 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 married  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Mr. Francis M. Carmack.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9. 1862  
7. AGE YEARS 75 MONTHS 1 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife House keeping on a farm  
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) 1936  
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) Millersburg  
(STATE OR COUNTRY) Hamilton Co. Indiana.

MOTHER  
13. NAME Ambrose H. Scherer  
14. BIRTHPLACE (CITY OR TOWN) Grifford Country  
(STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Sarah Ann Esther Patton  
16. BIRTHPLACE (CITY OR TOWN) Frederick County  
(STATE OR COUNTRY) Maryland

17. INFORMANT Mrs. James Dorrell  
(ADDRESS) Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cemetery DATE Ap. 29. 1937

19. UNDERTAKER Vernon M. Reppert.  
(ADDRESS) Buckner Missouri.

20. FILED 4-25-37 F. L. Cook  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Ap/27. 1937 19

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937, to April 27, 1937  
I last saw him alive on April 27, 1937 Death is said to have occurred on the date stated above, at 5:40 P.M.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Lobar Pneumonia  
middle lobe and  
lower lobe on right  
side  
108  
April 25, 1937.

Other contributory causes of importance:  
Had prolapse of urethra which required operation  
atathatony procedure  
Removal of tonsils  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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\_\_\_\_  
Injury occur? \_\_\_\_\_ (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 6

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_, M. D.  
(Signed) C. H. Miller  
(Address) Independence

