

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barry

Township

City Monett

(No.)

Registration District No. 30Primary Registration District No. 3003File No. 23087Registered No. 36

St. Ward)

2. FULL NAME Charles Carmichael(a) Residence, No. 714 Central St. Ward.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Mrs. Pearl Carmichael6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1884

7. AGE

YEARS

53

MONTHS

2

DAYS

16

If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sec'y-Treas. Ozark F. G. Ass'n

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) Cherryvale,
(STATE OR COUNTRY) Kansas.13. NAME Arch Carmichael14. BIRTHPLACE (CITY OR TOWN) Sarcoxie
(STATE OR COUNTRY) Missouri.15. MAIDEN NAME Lydia Perry16. BIRTHPLACE (CITY OR TOWN) Sarcoxie
(STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Pearl Carmichael
(ADDRESS) 714 Central, Monett, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cemetery
DATE July 2, 193719. UNDERTAKER Callaway's
(ADDRESS) Monett, Mo.20. FILED 7-1- 1937 W. M. West
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 5, 1937, to June 29, 1937I last saw him alive on June 29, 1937. Death is saidto have occurred on the date stated above, at 6:30 A.M.

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

Cardiomyostous nephritis

Date of onset

Other contributory causes of importance:

Hyper-tension, Aortic valvular disease

Name of operation

Date of

What test confirmed diagnosis? Clinical 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

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) W. M. West M. D.(Address) Monett, 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.

