

JUL 27 1937

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

Do not use this space.

23305

1. PLACE OF DEATH

County Caldwell
Township Davis
City Braymer

Registration District No. 93
Primary Registration District No. 5138

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Eppa J. Carmon

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

Length of residence in city or town where death occurred 26 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 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 Leona G. Carmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Sept 1933 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braymer, Missouri

MOTHER FATHER 13. NAME Joseph Carmon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known Penn

15. MAIDEN NAME Sarah Holder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braymer, Missouri

17. INFORMANT (ADDRESS) Mrs Leona Carmon Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE 6/22/37

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo

20. FILED June 23, 1937 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937 to June 20, 1937
I last saw him alive on June 13, 1937. Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Coronary Sclerosis Date of onset unknown

Other contributory causes of importance:

Hemophilia 1943
hypertension 1933
atherosclerosis unknown

Name of operation no Date of _____

What test confirmed diagnosis? no Was there an autopsy? _____

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? no
(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 no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John R. Crank M. D.

(Address) Braymer, Missouri

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.

1871
1872
1873
1874
1875
1876
1877
1878
1879
1880