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.

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

Do not use this space.

File No. 1953

Registered No. 1

1. PLACE OF DEATH

County BATES. Registration District No. 52

Township WEST BOONE. Primary Registration District No. 3080

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME BESSIE BELLE CARMICHAEL. 652

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 W. H. CARMICHAEL.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 5, 1876.

7. AGE: Years 61 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year) Jan. 38

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MILLER CO. Missouri.

FATHER

13. NAME J. N. Myers,

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

MOTHER

15. MAIDEN NAME Martha Jemphry

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

17. INFORMANT W. H. Carmichael.
(ADDRESS) Merwin, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rockville Cem. DATE Feb. 2 1938

19. UNDERTAKER J.B.HAYS,
(ADDRESS) Drexel, Mo.

20. FILED 1/31 1938 Mrs. Will Tucker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1937, to Jan 30 1938

I last saw her alive on Jan 23 1938. Death is said to have occurred on the date stated above, at 9:00A.M.

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

	Date of onset
Coronary Occlusion	12/12/37

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Other contributory causes of importance:

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....

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) Basil O. Hartwell, M. D.

(Address) Drexel, Mo.

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