

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

Do not use this space.

3256

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 461
 Township Lexington Primary Registration District No. 5625
 City (No. _____) St. _____ Ward _____

2. FULL NAME Delaney Bernard Carmack
 (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.

File No. 10
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>6</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Truck Driver

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) (STATE OR COUNTRY) New York N. Y.

13. NAME William Carmack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs Delaney Carmack
 (ADDRESS) Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Knobnoster, Mo DATE Jan 29 1938

19. UNDERTAKER Winkler
 (ADDRESS) Lexington

20. FILED Jan 28 1938 F. B. Bate
 Registrar. 414

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-27-1938 to 1-27-1938

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1¹⁴ m.

The principal cause of death and related causes of importance were as follows:
Struck by automobile
accident (corner case)
Internal Hemorrhage
from hepatic vessel

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 1-27, 1938
 Where did injury occur? Warrensburg, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Struck by Automobile
 Nature of injury Internal Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) H. P. Bate _____, M. D.
 (Address) Warrensburg, Mo.
Warrensburg, Mo.

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FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

1938

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