

Book

1013. *Rumex crispus* Willd.
Phlegma

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6954
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 396
 (b) Township Osage Primary Registration District No. 5352 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 7 yrs. 3 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orville Powell Carmean
 (a) Residence, No. Route # 2 Independence (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>7</u>	<u>3</u>	<u>29</u>	

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

9. Industry or business in which work was done, as 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) Jackson

FATHER
 13. NAME Orville Carmean
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo

MOTHER
 15. MAIDEN NAME Grace Powell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo

17. INFORMANT (ADDRESS) Orville Carmean
Rt 2 Indep. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Cem DATE 7-9 1938

19. FUNERAL DIRECTOR (ADDRESS) Geo. C. Carson
Indep. Mo

20. FILED May 10, 1938 John W. Robertson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:
Endocarditis acute
1 1/2 2 1/2
1 1/2 2 1/2
1 1/2 2 1/2

Other contributory causes of importance:
1 1/2 2 1/2
1 1/2 2 1/2

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? _____ 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? _____
 If so, specify _____
 (Signed) John W. Robertson Registrar, M. D.
 (Address) Buckner, Mo.

TEMPORARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-6954