

REC'D JUN 14 1938

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

Do not use this space.

18795

**1. PLACE OF DEATH**County McDonnellRegistration District No. 1149Township JuniataPrimary Registration District No. 5698City Juniata (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 9**2. FULL NAME**

(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**m**4. COLOR OR RACE**w**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)****5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**8-11-1936**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

1 8 m 29**OCCUPATION****8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.****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**0**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**North mo**FATHER****13. NAME**George King**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**North mo**MOTHER****15. MAIDEN NAME**Bertie Clark**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**mo**17. INFORMANT (ADDRESS)**Geo King**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

DATE

Jeffery Cemetery 4-11-38**19. UNDERTAKER (ADDRESS)**Lee O Carmel**20. FILED**6-8-38 Lee Carmel

Registrar.

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)**4-10-38**22. I HEREBY CERTIFY, That I attended deceased from**

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Bronchial pneumonia

Date of onset

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? \_\_\_\_\_ 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)

Ralph Womack, M.D.

(Address)

South west City mo

107a

(This Margin Reserved for Binding)

V. S. No. 2  
WRITE PLAINLY WITH UNFADING INK— THIS IS A PERMANENT RECORD.  
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 very important. See list of causes of death furnished by local registrar.

1. PLACE OF DEATH  
County McDonald  
Township Pineville  
Village Coal, Mo.  
or  
or

Registration  
Dist. No. 1149  
Primary  
Dist. No. 2698

MISSOURI, CERTIFICATE OF DEATH  
**Oklahoma State Board of Health**  
BUREAU OF VITAL STATISTICS  
Oklahoma City, Okla.

Register No. 9

City \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give the name instead of street and number. If an industrial camp, the name of the camp to be given.)

2. FULL NAME OF decedent, if an unnamed child, the surname, preceded by "unnamed" Lee Q. Carnell Jr.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex m  
4. Color or Race, as white, or black, mulatto (or other negro descent), Indian, Chinese, Japanese or other \_\_\_\_\_  
5. Single, Married, Widowed or Divorced \_\_\_\_\_  
Write the Word \_\_\_\_\_

6. DATE BIRTH 8-11- 1938  
(Month) (Day) (Year)

7. AGE 1 yrs. 8 mos. \_\_\_\_\_ days  
If less than one day \_\_\_\_\_ yrs. or \_\_\_\_\_ mins.

8. OCCUPATION  
(a) Trade profession or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9. BIRTH PLACE  
At least state or foreign country if known Mo

10. NAME OF FATHER Lee Q. Carnell

11. BIRTHPLACE OF FATHER  
At least state or foreign country if known Mo

12. MAIDEN NAME OF MOTHER Bertie Carnell

13. BIRTH PLACE OF MOTHER  
At least state or foreign country if known Mo

14. The above is true to the best of my knowledge.  
Informant Lee Q. Carnell  
Address Coal, Mo.

15. Filed 8-15 1938  
Lee Q. Carnell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4-10 1938  
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from 3-26 1938 to 4-10 1938 that I saw him alive on 4-8 1938 and that death occurred on the date stated above at \_\_\_\_\_ m.

THE CAUSE OF DEATH was as follows:  
Bronchial Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
Contributory Aspirated Stomach  
(Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
(Signed) R. E. Wargrave, M. D.  
8-14 1938 (Address) Southwest City, Mo.

\*State the disease causing death, or in deaths from violent causes; state (1) means of injury, and (2) whether accidental, homicidal, state whether attributed to dangerous insanitary conditions of employment.

18. LENGTH OF RESIDENCE (for Hospitals, institutions, transient or recent Residents.)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
Where was disease contracted, if not at place of death? Former or usual residence \_\_\_\_\_

19. PLACE OF BURIAL OR REMOVAL  
Petty Cemetery  
Date of Burial 4-14-38

20. UNDERTAKER  
Lee Q. Carnell  
Address \_\_\_\_\_

DECLARATION

PARENTS

## NOTICE

Certificates will be returned for additional information which give indefinite causes of death without explanation, such as: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemna, septicemia tetanus.

STATEMENT OF CAUSE OF DEATH—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for Malignant neoplasms; Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary) 10ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accidental; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of Skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)