

REC'D SEP 23 1938

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

29003
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township _____ Primary Registration District No. 3018 Registered No. _____
(c) City Clinton mo (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice Carboh 610

(a) Residence, No. north water St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Edwin Carboh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1880

7. AGE YEARS 58 MONTHS 0 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farm work
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) Lincoln Co Kansas

FATHER 13. NAME Jerome Murphy 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

MOTHER 15. MAIDEN NAME Alice Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Kansas

17. INFORMANT (ADDRESS) Edwin Carboh
Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 8/16 '38

19. FUNERAL DIRECTOR (ADDRESS) Consalus & Pech
Clinton mo

20. FILED 8-20 1938 Ed R Hampton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/14, 1938, to _____, 19____

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 P m.

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

This woman died suddenly, before arrival

Other contributory causes of importance: 20? 10'

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? _____
If so, specify _____

(Signed) Ed. P. Keeler, M. D.
Clinton mo (Address)

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 is very important.

RECEIVED

District Health Officer No. 7.

District File Number 7-38-78

Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)