

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.

APR 30 1930

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

Do not use this space.

12988

1. PLACE OF DEATH

County Gasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage (No. _____) Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Carthage Mo Ward Clinton Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr. 7-1841</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Arrowrock Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Ed. & M. E. Carthy</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Brown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	

14. INFORMANT Mrs J. C. Wyatt
(Address) Carthage Mo

15. FILED 4/2 1930 E. M. Ketchum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 1 1930
17. I HEREBY CERTIFY, That I attended deceased from March 17, 1930, to April 1, 1930, that I last saw him alive on April 1, 1930 and that death occurred, on the date stated above, at 9:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral lobar pneumonia
11A
109

(duration) _____ yrs. mos. 11 da.
CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. mos. 21 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Clinton, Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS General physical
(Signed) W. B. Chapman M. D.
7-19-30 (Address) Carthage, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo. DATE OF BURIAL 4-3 1930

20. UNDERTAKER Wm. W. W. W. Carthage
ADDRESS

