

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

Do not use this space.

14936

1. PLACE OF DEATH -

97 County Saline
Township Elmwood
City..... (No..... St..... Ward.....)

Registration District No. 1993
Primary Registration District No. 6036

File No.....
Registered No.....

2. FULL NAME

Millard Fillmore Carmean

(a) Residence, No..... St..... Ward.....
(Usual place of abode) Elmwood Mo

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF I da May Carmean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1950

7. AGE YEARS 81 MONTHS 9 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Retired

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) Kingston (STATE OR COUNTRY) Pa

13. NAME John Carmean

14. BIRTHPLACE (CITY OR TOWN) Permi (STATE OR COUNTRY)

15. MAIDEN NAME Sousannah HeHaver

16. BIRTHPLACE (CITY OR TOWN) Benn. (STATE OR COUNTRY)

17. INFORMANT J. B. Carmean (ADDRESS) Blackburn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn Mo DATE 1 19.....

19. UNDERTAKER Jesse Harvey (ADDRESS) Sweet Springs Mo

20. FILED Apr 6 19 52 Carlin Steinhilber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1952

22. I HEREBY CERTIFY, That I attended deceased from March 30 1952, to April 6 1952
I last saw h. in alive on April 5 1952 Death is said to have occurred on the date stated above, at 1 A m.

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

M. pneumoniae
931
9910
Other contributory causes of importance: (1)

Name of operation..... Date of.....

What test confirmed diagnosis? Micro 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) H. A. Richard M. D.

(Address) Blackburn Mo

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.

MAY 28 1952

100-100000-100000

N. B. CAUSE OF DEATH in pl. sh. ms, 80 REGISTARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Saline
 Township Elmwood
 City (No. St. Ward)

Registration District No. 793
 Primary Registration District No. 6036

File No.
 Registered No.

2. FULL NAME

Millard Fillmore Carmean

(a) Residence, No. St. Ward. (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
MOTHER FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
	15. MAIDEN NAME			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE DATE <u>Apr 7</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>Apr 6</u> 19 <u>32</u> <u>Bessie Skiborn</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1932

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 _____m.

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

Other contributory causes of importance: Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....	Date of onset
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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)....., M. D.
 (Address).....

SUPPLEMENTARY

756415