

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.

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

PLACE OF DEATH
County Dunklin
Township Doy
or
Village Caruth
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 932 File No. 31139
Primary Registration District No. 540510 Registered No. 14
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME J. M. Karrar

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Unmarried</u> (Write the word)
DATE OF BIRTH <u>Don't know</u> , 19 <u>37</u> (Month) (Day) (Year)		
AGE <u>74</u> yrs. _____ mos. _____ ds. or _____ day, _____ hrs. _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Book agent</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Don't know</u>		
PARENTS	NAME OF FATHER <u>W. J. Jordan</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Caruth mo</u>	
	MAIDEN NAME OF MOTHER <u>—</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>—</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Sept. 29</u> , 19 <u>11</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Sept. 20th</u> , 19 <u>11</u> , to <u>Sept. 29</u> , 19 <u>11</u> , that I last saw him alive on <u>Sept. 28</u> , 19 <u>11</u> , and that death occurred, on the date stated above, at <u>7 P. m.</u>	
The CAUSE OF DEATH* was as follows: <u>Paralysis - due to cerebral hemorrhage</u>	
Contributory (SECONDARY) _____	
(Signed) <u>J. M. Bradburn</u> M. D. <u>Sept 29</u> , 19 <u>11</u> (Address) <u>Caruth mo</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
Where was disease contracted if not at place of death? _____	
Former or usual residence _____	
PLACE OF BURIAL OR REMOVAL <u>Liberty Cemetery</u>	DATE OF BURIAL <u>9/30</u> , 19 <u>11</u>
UNDERTAKER <u>C. P. McDaniel</u>	ADDRESS <u>Caruth mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. J. Jordan
(ADDRESS) Caruth mo
Filed Sept 29, 1911. Bradburn, REGISTRAR

