

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.

NOV 20 1933

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

Do not use this space.

1. PLACE OF DEATH 85
 County Ruehanon Registration District No. 85
 Township St Joseph Mo Primary Registration District No. 1001
 City St Joseph Mo (No. State Hosp #2) St. _____ Ward _____
 2. FULL NAME Carl North
 (a) Residence, No. 4407 E 56th St. C. Mo. (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.

32264

File No. _____
 Registered No. 1022
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Carl North
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 40 in min
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
 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) Mo Unknown
 13. NAME Carl E. North
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo
 15. MAIDEN NAME Mateada Tupper
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Unknown
 17. INFORMANT (ADDRESS) State Hospital Records
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE Oct 16, 1933
 19. UNDERTAKER (ADDRESS) H. O. Sidenladen
 20. FILED 10-18-33 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933 to Oct 14, 1933
 I last saw him alive on Oct 14, 1933 Death is said to have occurred on the date stated above, at 4:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 8 days
83
107A
 Other contributory causes of importance:
Septic Paralytic 1 Year
 Name of operation no Date of _____
 What test confirmed diagnosis? no Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (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 none
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. E. Miles, M. D.
 (Address) State Hospital No 2

