

AUG 16 1921

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

Do not use this space.

20811

1. PLACE OF DEATH

County Wadsworth  
Township Rockford  
City..... (No.....)

Registration District No. 99  
Primary Registration District No. 5147

File No.....  
Registered No. 11  
St..... Ward.....

2. FULL NAME

James Montgomery Karr  
(a) Residence No..... St..... Ward.....  
(Usual place of abode)  
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 9 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) ✓  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Joseph Karr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Sarah A Pippin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Jas Karr Jr  
(Address) Bothrops Mo

15. FILED 7/25/27 W.C. Mount

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1921

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1921, to July 21, 1921, that I last saw him alive on July 21, 1921, and that death occurred, on the date stated above, at July 23 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Barrier of blood  
4-9 (duration) 2 yrs. or mos. or ds.

CONTRIBUTORY Exhaustion (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) B.A. Carr, M. D.  
, 19 (Address) Palo 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 Prairie Ridge Cemetery DATE OF BURIAL July 24 1921  
20. UNDERTAKER Chapman & Conley ADDRESS Palo Mo.

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.

PERMANENT RECORD

