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

Do not use this space.

36498

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No.
Township — Primary Registration District No. 4185 — Registered No. 53
City Albany (No. ..... St. ..... Ward)

2. FULL NAME Thomas Jefferson Carson
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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: 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: Eudora Carson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 9 - 1847
7. AGE: 80 YEARS, 9 MONTHS, 21 DAYS. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Carpenter
(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): Ind.

PARENTS
10. NAME OF FATHER: Henry Carson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT (Address): Mrs. Joe Ferguson, Albany, Mo.
15. FILED Dec 31, 1927 W. T. Martin, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/31 1927
17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec 31, 1927 that I last saw him alive on Dec 31, 1927, and that death occurred, on the date stated above, at 6:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Bronchial
10 [illegible] (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) [illegible] (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) J. M. Barger, M.D.
12/31, 1927 (Address) Albany 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: Blythedale Mo. — DATE OF BURIAL: Jan 2 1928
20. UNDERTAKER: Tom Bare & Son — ADDRESS: Albany

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.