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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 24022
Township Kaw — Primary Registration District No. — Registered No. 49
City K.C. Mo. (No. 1112 Tracy St. Ward)

2. FULL NAME Hugh Sweeney Carnahan
(a) Residence. No. 1112 Tracy St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11-1859

7. AGE: Years 68 — Months 9 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

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): Druggist
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Garno Carnahan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Mary Covill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Eng.

14. INFORMANT Mrs. Sarah Redmond
(Address) 1112 Tracy Av.

15. FILED 7-24-1928 M. M. Crowe Assy REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-22 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1928, to July 22, 1928 that I last saw him alive on July 22, 1928, and that death occurred, on the date stated above, at 7:30 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
131
94 A
97 (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis and chronic nephritis (duration) 10 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? Clinical & Radiological
7/22 (Signed) Clyde Switzer, M.D.
1928 (Address) 920 Chambers Bld.

*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: Independence Mo. — DATE OF BURIAL: July 24 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

[illegible]

[illegible] 920 Chambers Ha 0147

[illegible] 112 Huntington P.

Hi 381

12:30 P.M.