JAN 23 1929

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

Do not use this space.

1. PLACE OF DEATH
County: GREENE — Registration District No. 317
Township: BOLIVAR — Primary Registration District No. 5437
City ..... (No. ....., ... St. ..... Ward)

File No. 40183
Registered No. .....

2. FULL NAME: GEORGE ENOCH 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MALE	WHITE	WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF
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6. DATE OF BIRTH (MONTH, DAY AND YEAR) JULY 14th 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79.	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: RETIRED FARMER
(b) General nature of industry, business, or establishment in which employed (or employer): FARMER
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: WILLIAM P. CARSON
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) N.Y.
12. MAIDEN NAME OF MOTHER: THURSA EVANS
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) N.Y.

14. INFORMANT: Wm R. Carson
(Address) Curlew Okla.

15. FILED 12/28 1928 H. G. Frame
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Dec 27, 1928, that I last saw h. alive on December 18, 1928, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C Acute Dilatation of Heart
95B
908
(duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY) Fatty Degeneration of Heart
(duration) 21 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, at Home of his daughter
O DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) E L Deal, M. D
, 19 (Address) Republic 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: Hades Chapel Cemetery — DATE OF BURIAL: 12/29 1928
20. UNDERTAKER: R E Lemmon — ADDRESS: Republic Mo

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.

THIS CERTIFICATE, WHEN COMPLETED, WITH STATISTICAL INFORMATION, IS A PERMANENT RECORD