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

Do not use this space.

3265

1. PLACE OF DEATH

County Ste. Genevieve — Registration District No. 780 — File No.

Township Jackson — Primary Registration District No. 6028 — Registered No. 2

City (No. , St. Ward)

2. FULL NAME Goldie 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 19 yrs. 10 mos. 25 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*)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
19	10	25	

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

9. BIRTHPLACE (CITY OR TOWN) Bloomsdale
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas A Carson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomsdale
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Dolly Clarke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomsdale
(STATE OR COUNTRY) Missouri

14. INFORMANT Thomas A Carson
(Address) Bloomsdale Mo

15. FILED Jan 10 1929 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1929

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19, that I last saw h. alive on , 19, and that death occurred, on the date stated above, at 7:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun shot wound in center of Chest, Suicide
(Verdict of Jury)
(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) 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) Leo C Basler Coroner, M.D
1/10, 1929 (Address) Ste. Genevieve 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~~	DATE OF BURIAL
Concord Cemetery Mo	Jan 10 1929

20. UNDERTAKER	ADDRESS
John Basler	Ste. Genevieve 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.