

1929
 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.

21856

1. PLACE OF DEATH

County Jasper
 Township St. Louis
 City St. Louis (No. _____)

Registration District No. 416
 Primary Registration District No. 5571 B

File No. _____
 Registered No. 14
 St. _____ Ward)

2. FULL NAME

Robert H. Carnahan
 (a) Residence. No. Swartz R70 St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 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 Khoda Carnahan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 1 28

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) Farm Labor
 (c) Name of employer Self

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

10. NAME OF FATHER William Carnahan
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Paris
 12. MAIDEN NAME OF MOTHER Ellen
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) County Down Ireland

14. INFORMANT (Address) Phyllis J. Carnahan

15. FILED 6/3 1929 Sam Simmons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 1928 to _____, 1929 that I last saw him alive on June 2, 1929, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis of Oesophagus
46 A (duration) yrs. 8 mos. _____ ds.

CONTRIBUTORY (SECONDARY) 44 W (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____ WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. J. Boyd, M. D.

43, 1929 (Address) Swartz R70

*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 Swartz R70 DATE OF BURIAL June 4 1929

20. UNDERTAKER Swartz R70 ADDRESS Swartz R70

By W. J. Boyd M.D.

