

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

Do not use this space.

34114

1. PLACE OF DEATH

County Gasper
Towaship Carthage
City Carthage (No.)

Registration District No. 40 A
Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME Mary Poulson

(a) Residence. No. 742 1/2 7th St., Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

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

Thelma Poulson

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

June 18-1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>20</u>	<u>4</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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)

Carthage Mo

10. NAME OF FATHER

Chas. Harrill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Mo. ~~Ill~~

12. MAIDEN, NAME OF MOTHER

Cora Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ill

14. INFORMANT (Address)

Helen Harrill Carthage, Mo

15. FILED

10/31 1929 E. A. Ketchum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31 1929

17. I HEREBY CERTIFY That I attended deceased from Sept 22, 1929, to Oct 31, 1929 that I last saw h. a. alive on Oct 31, 1929, and that death occurred, on the date stated above, at 11:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Military Tuberculosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Albert B. Wheeler, M.D.

, 19 (Address) Carthage, 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

Paris Cemetery 11-2 1929

20. UNDERTAKER

Wheeler-Whorke Carthage

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.

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