

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

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....85
Township.....St. Joseph..... Primary Registration District No.....1001
City.....St. Joseph..... (No. 1721 Elwood Street..... St. Ward)

File No.....184
Registered No.....26

2. FULL NAME Michael Carey

(a) Residence. No.....1721 Elwood Street..... 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 **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 **Single**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown--1860**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
69 UNKNOWN

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

9. BIRTHPLACE (CITY OR TOWN) **St Joseph**
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **John Carey**

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

12. MAIDEN NAME OF MOTHER **Rose Brady**

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

14. INFORMANT.....Mrs A. E. Nash
(Address) 1023 Main St. St. Joseph Mo.

15. FILED JAN 7 1930 John G. G. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **January 6 1930**

17. I HEREBY CERTIFY, That I **viewed remains** attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at **5 A** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
90A (duration) **3** yrs. mos. ds.
Arterio Sclerosis
97 (duration) **5** 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? **History**
(Signed) R. W. Tollock Coroner M. D.
Jan. 7. 1930 (Address) **St Joseph 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 **Mt. Olivet Cemetery** DATE OF BURIAL **Jan. 8 1930**

20. UNDERTAKER **A. C. Sidenfaden** ADDRESS **1802 Union St.**

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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PARENTS

