

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

Do not use this space.

20467

~~20505~~

1. PLACE OF DEATH  
 County Ste. Genevieve Registration District No. 780  
 Township Jackson Primary Registration District No. 6028  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 36

2. FULL NAME Theodore J. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 9 5

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) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve Co.  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Francis Carson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste. Genevieve Co.  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Blumentine Dresser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ste. Genevieve Co.  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Francis Carson  
 (Address) Beckley's Inn

15. FILED June 10, 1930 T. W. Douglas  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929 to June 7, 1930 that I last saw h.i.m. alive on June 7, 1930 and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis (hectic).

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(duration) 12 yrs. mos. ds.  
 CONTRIBUTORY Chronic Pulmonary Abscess  
 (SECONDARY) (duration) 6 yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF August 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Arthur E. Swauer, M. D.

(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 Blountdale Ins DATE OF BURIAL 6/11 1930

20. UNDERTAKER John Becher Ste. Genevieve Mo  
 ADDRESS \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

State of Ohio  
Department of Public Safety  
Bureau of Criminal Investigation  
Columbus, Ohio



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