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

Do not use this space.

493

FEB 18 1931

PLACE OF DEATH
County Carter — Registration District No. 144
Township Jackson — Primary Registration District No. 5702
City Ellsinore, Mo. (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Tabilha Orlena Carnahan

(a) Residence, No. Ellsinore, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17th 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	4	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Fredericktown (STATE OR COUNTRY) Missouri

FATHER
13. NAME Wiley Box
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mark T. Carnahan (ADDRESS) Ellsinore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Millsprings DATE Jan 27th 1931

19. UNDERTAKER Greer Undertaking Company (ADDRESS) Poplar Bluff, Missouri

20. FILED ....., 19..... C. C. Sheets
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Jan. 24, 1931
I last saw h[illegible] alive on Jan 2, 1931. Death is said to have occurred on the date stated above, at 4P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Rectum	
46 D 4 C D	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. C. Sheets, M. D.
(Address) Ellsinore Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.