

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.

WHITE PLAIN, WITH UNFOLDING INDEX—THIS IS A PERMANENT RECORD

MAR 21 1932

40127-2

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

Do not use this space.

②

1. PLACE OF DEATH

County Rollinger
Township London
City London (No. 1)

Registration District No. 66

Primary Registration District No. 107 B

File No. 40127-2

Registered No. 107 B

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Thomas Andrew Caraness

(Usual place of abode)

St. Mo.

Ward 1

(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)

Married

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

Lillie Caraness

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

Sept 16 - 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

77

3

5

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farming

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

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

Florida

13. NAME

William Caraness

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Martha Erma

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Indiana

17. INFORMANT
(ADDRESS)

Lillie Caraness

18. BURIAL, CREMATION, OR REMOVAL

PLACE Day Creek DATE Dec 22 31

19. UNDERTAKER
(ADDRESS)

J. J. Baker
London, Mo.

20. FILED

12-25 1931

J. J. Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 21 1931

22. I HEREBY CERTIFY, That I attended deceased from

10-1, 1931, to 12-21, 1931

I last saw him alive on 12-21, 1931 Death is said

to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral arterio sclerosis Date of onset

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)

(Address)

M. D.

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