

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

Do not use this space.

828

1. PLACE OF DEATH

41 County Harrison Registration District No. 834
1 Township Primary Registration District No. 4197
6 City Bethany (No.)

File No. 6464
Registered No. St. Ward)

2. FULL NAME

Viola Belle Carson
(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 24

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

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) Bethany Mo

13. NAME Gordon Hollar

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

15. MAIDEN NAME Hepibah Timbers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Mrs Walter Reynolds
(ADDRESS) Bethany Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manson Cemetery DATE 1-26 1932

19. UNDERTAKER S.M. Jans
(ADDRESS) Bethany Mo.

20. FILED 2/10 1932 W. J. Harwood
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 5 1932 to Jan 22 1932
I last saw him/her on Jan 24 1932 Death is said to have occurred on the date stated above, at 22 m.
The principal cause of death and related causes of importance were as follows:

Bright's Disease
Date of onset

Other contributory causes of importance:
130A 1932

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 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. J. Harwood M. D.
(Address) Bethany 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.

153 2-4-1932

