

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

Do not use this space.

✓ 4518

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 7 Township Blue Primary Registration District No. 3019
 4 City Independence (No. Independence Sanitarium)
 2. FULL NAME Frank Carson
 (a) Residence, No. 9142 Independence Road, Ward. K.C. Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 56
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mary Carson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
 10. Date deceased last worked at this occupation (month and year) Feb. 2, 1932
 11. Total time (years) spent in this occupation. XXXX

12. BIRTHPLACE (CITY OR TOWN) Jackson County
 (STATE OR COUNTRY) Missouri

13. NAME John Carson

14. BIRTHPLACE (CITY OR TOWN) Jackson County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Barbara (Unknown)

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

17. INFORMANT Eph Carson
 (ADDRESS) Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo. DATE 2/15/32

19. UNDERTAKER Rose & Henderson
 (ADDRESS) 15th & Jackson K.C. Mo.

20. FILED Feb 13, 1932 JH Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-32, 1932

22. I HEREBY CERTIFY, That I attended deceased from DEPUTY CORONER, to _____, 1932

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Acute Coronary

Other contributory causes of importance: Same (7)

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

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) J. H. Cook, M. D.
 (Address) Independence

WRITE PLAIN INK 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.

MAR 28 1932

W. S. WARD
1917

W. S. WARD
1917

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

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

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 4 1937 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

General Carcinoma
Head of Cervix
Date of onset _____

Other contributory causes of importance:

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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) _____, M. D.

(Address) _____

SUPPLEMENTARY

WRITE WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in full, so that it may be properly recorded. Exact statement of OCCUPATION is important. REGISTRARS SHALL NOT CHARGE A FEE FOR CERTIFICATION UNTIL THEY ARE COMPLETE AS PROVIDED BY LAW.

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