

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

Do not use this space.

10586

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 702
City St. Louis Mo. No. City Hospital St. 22 Ward.

File No.
Registered No. 2652
St. Ward)

2. FULL NAME Lionard Carthorn

(a) Residence, No. 2632 Market St. St. 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-9-1904</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>6</u>
		<u>6</u>
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. <u>Labourer</u>		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Gen (STATE OR COUNTRY) 2

13. NAME Allen Carthorn

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

15. MAIDEN NAME Mary Peterson

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

17. INFORMANT A. H. Straube (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson, Tenn DATE March 20 1932

19. UNDERTAKER A. L. Beal and Co (ADDRESS) 2726 Lafayette

20. FILED MAR 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-11-1932 to 3-15-1932

I last saw h. live on 3-15-1932 Death is said to have occurred on the date stated above, at 8:00 m.

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

① Patrony of tuberculosis

Other contributory causes of importance: 23A 23

Name of operation..... Date of.....

What test confirmed diagnosis? chest X-ray Was there an autopsy? no

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. Smith, M. D.
(Address) CITY HOSPITAL

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.

