

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

Do not use this space.

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**1. PLACE OF DEATH**

County Cole Registration District No. 213  
Township \_\_\_\_\_ Primary Registration District No. 3014  
City Jefferson (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Ferris H. Carson

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** September-10-1873

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 11 12

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Telegraph Lineman  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** " " 134  
**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)** Pennsylvania

**13. NAME** George Carson

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

**15. MAIDEN NAME** Martha O'Donnell

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

**17. INFORMANT (ADDRESS)** Mrs. Frances Carson  
Jefferson City, Missouri

**18. BURIAL, CREMATION, OR REMOVAL PLACE** River View Cem DATE Aug-24- 1932

**19. UNDERTAKER (ADDRESS)** W. G. Gordon  
Jefferson City, Mo

**20. FILED** 8/26/32 1932 W. B. Bedford Registrar

**4. MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Aug-22 1932

**22. I HEREBY CERTIFY, That I attended deceased from** Dec 10, 1931 1931 to Aug 22 1932  
I last saw him alive on Aug 22 1932 Death is said to have occurred on the date stated above, at 10:00 am.

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

Heart failure  
930  
132-A  
102  
Other contributory causes of importance:  
myocarditis  
hypertension  
hypertrophy  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Micro 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) W. A. Taylor M. D.  
(Address) Jefferson City, Mo.

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.

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

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