

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 1120)

Memorial Home, 1120 Main

St.

Ward

File No.

31449

Registered No.

951

2. FULL NAME

Mary J. Carson,

(a) Residence, No. 1120 Main

(Usual place of abode)

St.

Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single,

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

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

December 17, 1846

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

85

9

14

OCCUPATION

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

Housekeeping

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)

Unknown, Kentucky,

13. NAME

William Carson,

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

Unknown, Kentucky,

15. MAIDEN NAME

Louise M. Dysart

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

Unknown, Kentucky,

17. INFORMANT

Walter W. Carson
(ADDRESS) 1303 Sylvania Street

18. BURIAL, CREMATION, OR REMOVAL

Requary, on Agency road
PLACED IN Requary, on Agency road DATE Oct. 3rd, 1932

19. UNDERTAKER

Theaton, Bechler & Bowman
(ADDRESS) 319 S. 10th. St., Zumbrota, Iowa

20. FILE

OCT 3 1932

John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from

July 2, 1932, to Sept 30, 1932

Last saw him alive on Sept 30, 1932 Death is said

to have occurred on the date stated above, at 3:00 m.

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

Carcinoma of stomach
4/6/13

Date of onset

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

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? no

If so, specify

(Signed) Walter W. Carson, M. D.

(Address) 1303 Sylvania Street

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.

NOV 21 1932

UNIVERSITY OF TORONTO