WRITE PLAINLY, WITH UNFADING INK—THIS

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.

JAN 24 1933

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

Do not use this space.

40293

1. PLACE OF DEATH

49 County Jasper — Registration District No. 417 — File No.

Township — Primary Registration District No. 3021 — Registered No. 104

11 City — (No. , St. Ward)

7

2. FULL NAME Andrew P. Carlson

(a) Residence, No. R.1- Box 798, Joplin Mo St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1862

7. AGE: YEARS 70 — MONTHS 3 — DAYS 15 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman,
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) Sweden 24

FATHER

13. NAME John Carlson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER

15. MAIDEN NAME Katherine Kate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Mrs Nannie Carlson R.1- Bx 798 Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark Memorial DATE Dec 14 1932

19. UNDERTAKER (ADDRESS) Steele Und. Co Webb City Mo

20. FILED 12/14 1932 R M Stormont Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1932

22. I HEREBY CERTIFY, ~~That~~ I attended deceased from Oct 19 32, to Dec 12, 1932

I last saw him alive on Dec 12, 1932 Death is said to have occurred on the date stated above, at 10 m.

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

131

Lobar Pneumonia
three days duration

Date of onset

108

Other contributory causes of importance:

Chronic Valular heart
Chronic Nephritis
several months duration

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) Oy. E. Myers, M. D.

(Address) 708 Frisco Bldg Joplin Mo

[illegible]