

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

Do not use this space.

14266

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 720 General Hosp)

Registration District No. _____
Primary Registration District No. _____

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

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode) 2001 Houston Muskogee Okla Ward _____

Length of residence in city or town where death occurred yrs. mos. 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Texas

13. NAME Andrew Carlson

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

15. MAIDEN NAME Eugenia Jackson

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

17. INFORMANT (ADDRESS) De w d Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Muskogee Okla DATE Jan 14 1933

19. UNDERTAKER (ADDRESS) Thierke & Johnson Co

20. FILED 1-14 1933 M. M. Cooper Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1933 to Jan 13 1933

I last saw him alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 5:40 P.M.

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

Confluent Bronchitis Date of onset _____

Pneumonia

110 A
107 A 110

Other contributory causes of importance: _____

Empyema

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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. Bennett M. D.

(Address) Sup. J. C. Gen. Hosp. P. C. Mo
Jan 14 - 1933

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAINTAINED RESERVED FOR BINDING

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.

V. S. NO. 2

