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.

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

Do not use this space.

3319

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 214

City St Louis (No. Missouri Baptist Hosp St. ..... Ward)

2. FULL NAME Carson Cabine

(a) Residence, No. Chapman St St., 12 Ward. Edwardsville Ill.
(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? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

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

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

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

7. AGE About YEARS 87 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. Ret

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

15 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

FATHER

13. NAME Unknown.

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Edward A. Cabine Woodriver Ills

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville Ills DATE Jan 8 1933

19. UNDERTAKER (ADDRESS) Marks & Webb Und Co Edwardsville Ills

20. FILED JAN -6 1933 19 Max C Tarkey Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932, to Jan 6, 1933

I last saw him alive on Jan 5, 1933. Death is said to have occurred on the date stated above, at 3 a.m.

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

	Date of onset
Pneumonia Sabor Right	
Sawer	
Nephritis Chronic interstitial	
Senile Prostatic hypertrophy	
137	
108	
131	

Other contributory causes of importance:

Name of operation Laws methaal prostatic Resection Date of Dec 19 1932

What test confirmed diagnosis? Lung, respiration & stethoscope 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? No

If so, specify .....

(Signed) C C Bryford, M. D.

(Address) 958 Arcade Bldg St Louis