

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

25 1934
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.

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 4001
 City St. Joseph, Mo. (No. 3315 Doniphan Ave.)
 File No. 7855
 Registered No. 260
 St. _____ Ward _____

2. FULL NAME Charles M. Carlson
3315 Doniphan Ave.
 (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>6</u>	<u>18</u>	

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

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) Blain, (STATE OR COUNTRY) Nebraska

FATHER 13. NAME Carl Andersen
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Christine Berg
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Sweden

17. INFORMANT Harold Carlson (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE March 6 1934

19. UNDERTAKER Fleeman Mortuary, Inc. (ADDRESS) St. Joseph, Mo.

20. FILED 3-6 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1934

22. I HEREBY CERTIFY That I attended deceased from Dr. 1 to March 3 1934
 I last saw him alive on Feb 25 1934 Death is said to have occurred on the date stated above, at 2:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Neck
Secondary to Carcinoma of lower lip
USA
33E
45
 Other contributory causes of importance: _____
 Date of onset 1931

Name of operation Radical resection Date of _____
 What test confirmed diagnosis Chemical 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) Clarence H. Good, M. D.
 (Address) St. Joseph Mo.

