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.

MAY 25 1934

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

Do not use this space.

14187

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township .... Primary Registration District No. 1003 Registered No. 3326

City St Louis (No. 4659 Delmar St. .... Ward)

2. FULL NAME Mary Ann Carman

(a) Residence, No. .... St., NR Ward. Waverly Kan
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Rumsey Carman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb - 10 - 1856

7. AGE: YEARS 78 MONTHS 1 DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) England

FATHER

13. NAME James Baan

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

MOTHER

15. MAIDEN NAME Anna Cooper

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

17. INFORMANT Dr Jennie Smith
(ADDRESS) 4659 Delmar

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malvern Kan DATE Apr. 2 1934

19. UNDERTAKER Fred M Williams
(ADDRESS) 4155 Washington ave

20. FILED APR -2 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1934, to April 1, 1934

I last saw her alive on April 1st, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Purpura Hemorrhagica — Date of onset 3/25/34

Other contributory causes of importance:

Chronic myocarditis and Mitral Regurgitation — 1920

Name of operation .... 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? — 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) Oscar D. Meyer, M. D.

(Address) 4579 Enright