

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

Do not use this space.

24628

1. PLACE OF DEATH
 County Jackson Registration District No. 397
 Township War Primary Registration District No. 1057
 City Kansas City (No. 4911-E-27th St East)
 2. FULL NAME Dorothy Elizabeth Carson
 (a) Residence, No. _____ St. _____ Ward. Warrensburg, Mo.
 (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.

File No. _____
 Registered No. 3226
 St. 14 Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-18-1934</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hra. ormin.
			<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>0</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kc Mo</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Maud Carson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrensburg Mo.</u>			
17. INFORMANT <u>J. G. Cunningham</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>July 20, 1934</u>				
19. UNDERTAKER (ADDRESS) <u>2575 Halsted St</u>				
20. FILED <u>7-20-34</u> M. M. <u>Carson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934

22. I HEREBY CERTIFY That I attended deceased from July 15, 1934 to July 18, 1934
 last saw her alive on July 15, 1934 Death is said to have occurred on the date stated above, at 6 m.
 The principal cause of death and related causes of importance were as follows:
Peterus Neonatorum
1613
 Other contributory causes of importance: 1418
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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. G. Cunningham
 (Address) 4911-E-27th St

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.

JUG 21 1937

