

SEP 19 1934

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

Do not use this space.

31789

1. PLACE OF DEATH

County North Registration District No.
Township Witchell Primary Registration District No. 1
City Grand City (No.) St. Ward)

File No.

Registered No.

2. FULL NAME

Mary Jane Carnes
(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 14 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe operator and cook

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) June 1934 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Mo

13. NAME Len Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Mo

15. MAIDEN NAME Neva Ralston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Mo

17. INFORMANT (ADDRESS) Lora Carnes Grand City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand City DATE Aug 5, 1934

19. UNDERTAKER (ADDRESS) Brook C. Dumblett Grand City Mo

20. FILED 8-8 1934 J. P. O'Keefe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to Aug 3, 1934

I last saw her alive on Aug 3, 1934 Death is said to have occurred on the date stated above, 5:20 p.m.

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

Mitral regurgitation Date of onset

92 ft

Other contributory causes of importance

92 ft

92 ft

92 ft

Name of operation Physical Date of July 20, 1934

What test confirmed diagnosis? Physical findings Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury

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) J. P. O'Keefe, M. D. (Address) Grand City Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS

Handwritten scribbles and marks, possibly including the number '23'.

Handwritten mark resembling the number '7'.

Handwritten mark resembling the number '1'.

Small handwritten mark or characters at the bottom center.