

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.

NOV 13 1934

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

Do not use this space.

37423

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *4215 M. E. Pherson Ave* St. Ward)

File No.....
Registered No. *9840*

2. FULL NAME

Harriet H Carnahan

(a) Residence, No. St., *19* 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 *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 *Thomas Carnahan*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown 1850*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 Unknown

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*
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 *Thomas Haynes*

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

MOTHER
15. MAIDEN NAME *Mary Farrell*

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

17. INFORMANT (ADDRESS) *Mrs. James T. McAnulty 26 Sylvester Ave Webster*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cemetery* DATE *10/9* 1934

19. UNDERTAKER (ADDRESS) *Arthur J. Donnelly 3847 Lindell Blvd*

20. FILED 19... Registrar *J F Bredek*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 5* 1934

22. I HEREBY CERTIFY, That I attended deceased from *July 1st* 1934 to *Oct 5* 1934
Last saw *her* alive on *Sept 15* 1934 Death is said to have occurred on the date stated above, at *3 P* m.
The principal cause of death and related causes of importance were as follows:

Chronic hypertensive cerebral arteriosclerosis with Senility
Date of onset *131*

Other contributory causes of importance: *Hypertensive pneumonia*

Name of operation *920* Date of operation *11/1/34*
What test confirmed diagnosis? Was there an autopsy? *u*

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) *Walter Hill* M. D.
(Address) *5914 Delmar*

Dr. Neal Foulke
5914 Delmonico
= 430 Va