

Jan 14 1935

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

Do not use this space.

42012  
File No. \_\_\_\_\_  
Registered No. 1345  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. Missouri Methodist Hospital)

2. FULL NAME Susan Edna Scott Carson  
(a) Residence, No. 2330 So. 18th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman G. Carson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 1888  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 46 8 3  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home. 139  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 92  
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) Forest City, Mo.  
13. NAME Lemuel J. Scott  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa.  
15. MAIDEN NAME Elizabeth A. Johnson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio.

17. INFORMANT Herman G. Carson (ADDRESS) 2330 So. 18th St.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon, Missouri DATE Dec 4, 1934  
19. UNDERTAKER Walter Meierhoffer (ADDRESS) 1302 Aaron St. St. Joseph, Mo.  
20. FILED 12-2-1934 John R. Bender Registrar

5 MEDICAL CERTIFICATE OF DEATH

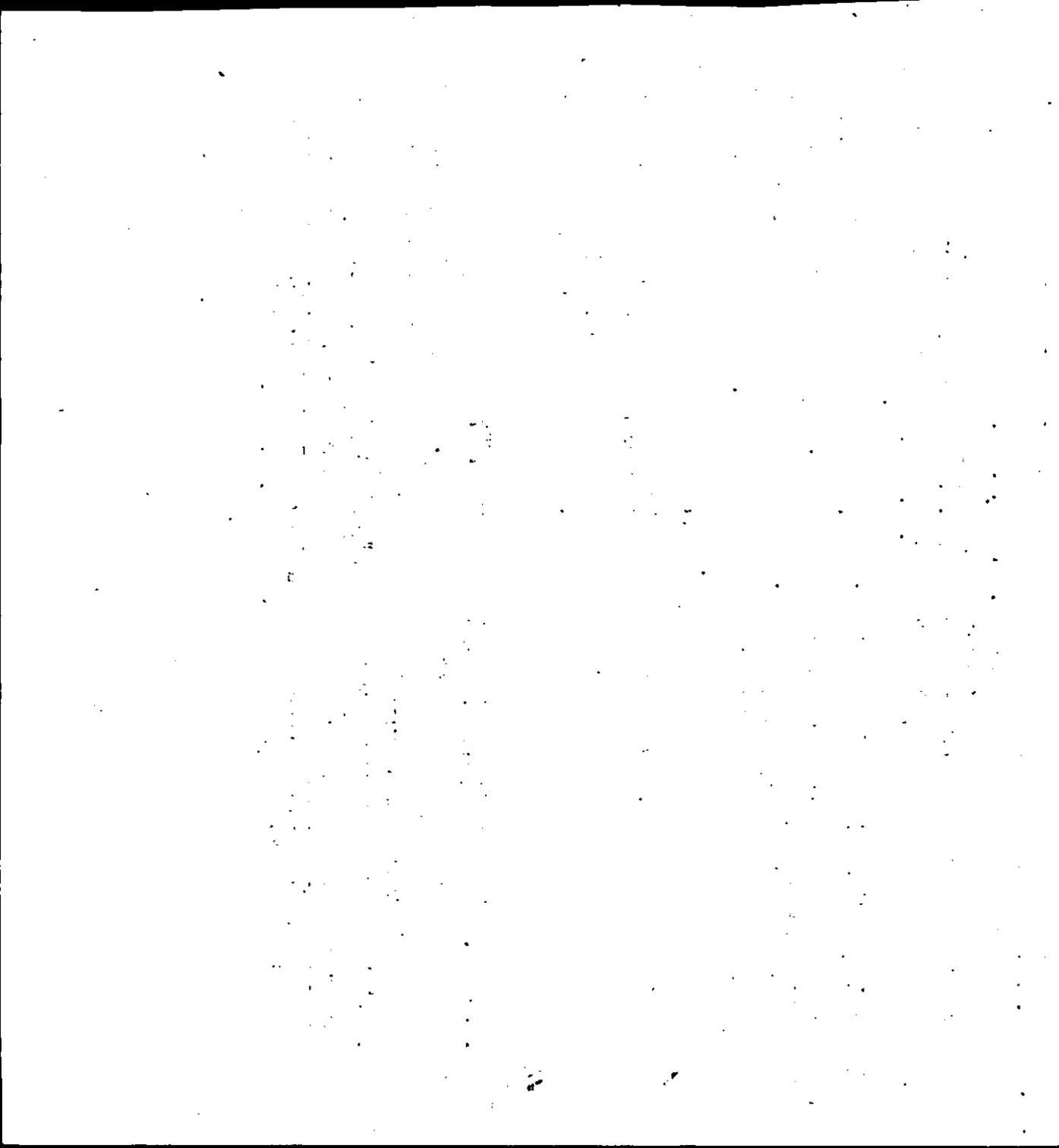
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1934 . 19  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1934, to Dec. 1, 1934  
I last saw h. or alive on Dec 1, 1934 Death is said to have occurred on the date stated above, at 4:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Peritonitis year 1911/134  
due to pelvic abscess - not traumatic  
Mitral Stenosis  
Date of onset 7/134  
Other contributory causes of importance: Myocarditis Chronic 1914/34

Name of operation Clinical Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) \_\_\_\_\_ M. D.  
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

N. B.—Every item of information on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Beechonan

Registration District No. 85

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 1346

City St. Joseph

(No. No. Methodist Hosp St. \_\_\_\_\_ Ward)

**2. FULL NAME**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day \_\_\_\_\_ min.

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. Date of death (month and year) \_\_\_\_\_  
12. Interval in this occupation \_\_\_\_\_

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 2-8 1935 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1934

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Peritonitis Sec - due to  
pelvic abscess (not  
traumatic)  
menstrual stenosis  
pelvic abscess secondary to  
complete paraplegia  
the meninges

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there autops? \_\_\_\_\_

23. If death was due to external cause (violence), find 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) Chas. Trauman, M. D.

(Address) 24 3/4 Methodist

SUPPLEMENTARY

M.A.A.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-42012