

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

Do not use this space.

JUL 16 1936

22001

1. PLACE OF DEATH
 County Buchanan Registration District No. 82
 Township Marion Primary Registration District No. 5723
 City Easton (No. _____ St. _____ Ward _____)

2. FULL NAME Charles Edward Mc Carran
 (a) Residence, No. Easton Mo. St. _____ Ward Easton Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 36 yrs 6 mos 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
B. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23 - 1899</u>		
AGE YEARS <u>36</u>	MONTHS <u>6</u>	DAYS <u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>		
10. Date deceased last worked at this occupation month and year <u>life time</u>		
11. Total time (years) spent in this occupation <u>life</u>		
C. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Easton Missouri</u>		
13. NAME <u>Edwin Mc Carran</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co. Missouri</u>		
15. MAIDEN NAME <u>Maggie Boyer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co. Missouri</u>		
D. INFORMANT (ADDRESS) <u>Mrs Maggie Mc Carran Easton Mo.</u>		
E. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Truman Chapel Easton Mo 6/8 1936</u>		
F. UNDERTAKER (ADDRESS) <u>FLEEMAN & SON, INC. 819 Gore St, Mo.</u>		
G. FILED <u>7/10 1936</u> <u>W. D. Stoughton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1936

22. I HEREBY CERTIFY That I attended deceased from April 10 1936 to May 29 1936
 I last saw him alive on May 29 1936. 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:
Pulmonary Tuberculosis Date of onset X

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis Tuberculin 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 _____, 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. A. Sullwood D. C. M. D.
 (Address) 402 Ballinger Bldg.

31942
SEP 23 1962