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.

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

Do not use this space.

42018

DEC 29 1936

1. PLACE OF DEATH

County NEWTON Registration District No. 609

Township Primary Registration District No. 4363

City NEOSHO (No. , St. Ward)

File No.

Registered No. 129

2. FULL NAME JOSEPH CAREY

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~ Mary Carey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1839

7. AGE: YEARS 97 | MONTHS 3 | DAYS 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Pennsylvania

FATHER

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) W. A. Phipps, Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F.Cem. DATE 11-5 1936

19. UNDERTAKER (ADDRESS) Bigham's - Neosho, Mo.

20. FILED 11-9 1936 Oral A. Sale M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to November 3, 1936

I last saw him alive on November 3, 1936 Death is said to have occurred on the date stated above, at 9P.m.

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

	Date of onset
Chronic endocarditis with hypertention and chronic interstitial nephritis	

Other contributory causes of importance: Senility

Name of operation None Date of

What test confirmed diagnosis? Laboratory 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 None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Oral A. Sale, M. D.

(Address) Neosho, Missouri