

FEB 17 1937

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

Do not use this space.

1853

1. PLACE OF DEATH

41 County Jasper Registration District No. 411
 47 Township Joplin Primary Registration District No. 2002
 City Joplin (No. Freemantle Loop) St. Joplin Ward 1
 2. FULL NAME Carrie Foud Sycan
 (a) Residence, No. Sakland St. Ward.
 (Usual place of abode)
 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.

File No.
 Registered No.
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Milton Sycan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1880
 7. AGE YEARS 56 MONTHS 0 DAYS 25 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewifery
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230 J31
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 31
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pineville Mo.
 13. NAME John Sinton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
 15. MAIDEN NAME Russell E. Head
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
 17. INFORMANT Mrs. Frankie Stibwell
 (ADDRESS) 1912 Bridge St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Casketville DATE 1-19-37
 19. UNDERTAKER Lythall
 (ADDRESS) Joplin Mo
 20. FILED 1-18 1937 Ed D. Jones
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-37
 22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1937, to 1-15, 1937
 I last saw her alive on 1-15, 1937 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma liver Date of onset 7
50
 Other contributory causes of importance:
Carcinoma Breast left - (Primary) 12 years
 Name of operation Date of
 What test confirmed diagnosis? clinical as 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?
 If so, specify
 (Signed) M. Jones M. D.
 (Address) Joplin, Mo.

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.

1-20314

