

SEP 17 1937

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

Do not use this space.

30675

1. PLACE OF DEATH

County Green

Registration District No. 318

File No.

Township

Primary Registration District No. 2001

Registered No.

City

Springfield Baptist Hosp

633

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Chas H Carney
Cape Fair, Mo

Ward.

Cape Fair, Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred. Life yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malissa Carney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1866

7. AGE YEARS 70 MONTHS 8 DAYS 8 If LESS than 1 day,hrs. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) July 28, 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bayer, Mo

13. NAME Burton Carney

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

15. MAIDEN NAME Talitha Benson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bayer, Mo

17. INFORMANT (ADDRESS) C L Carney Cape Fair, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carney DATE Aug 8 37

19. UNDERTAKER (ADDRESS) Geo H Manlove

20. FILED Aug 26 1937 Chas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 37

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 6, 1937

I last saw him alive on Aug 6, 1937 Death is said

to have occurred on the date stated above, at 7:30 P.M.

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

Carcinoma of colon primary

Other contributory causes of importance: Obstruction of bowel from carcinoma

Colostomy

Name of operation Colostomy Date of Aug 7

What test confirmed diagnosis? No 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? _____

If so, specify _____ (Signed) Dr. R. J. Duthrie, M. D.

(Address) Med. Arts Bldg

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.

