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.

DEC 20 1937

40280

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Dow — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Wheatley Hospital St. Ward)

2. FULL NAME William Carson
(a) Residence, No. 2103 E. 9th St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Carson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1885
7. AGE YEARS 52 MONTHS 11 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
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) Louisiana

FATHER
13. NAME Ransom Carson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Emily Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Hattie Carson 2103 E. 9 St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE Nov. 16, 1937
19. UNDERTAKER (ADDRESS) West Appleton & Jones Inc 1905 Vine St.
20. FILED Nov. 15, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-4-37, 19, to 11-13-37, 19
I last saw ~~her~~ alive on 11-13-37, 1937. Death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

Gastric ulcer
Gastric ulcer
117a

Date of onset

Other contributory causes of importance:
(Osmic)

Name of operation no Date of
What test confirmed diagnosis? Clinical 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 no 19
Where did injury occur? no no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no no
Nature of injury no no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no no
(Signed) Henry B. Lyons M. D.
(Address) 1605 E. 18th St.