

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

Do not use this space.

DEC 14 1937

1. PLACE OF DEATH

County Buchanan Registration District No. 86 File No. 40765
 Township Ward Primary Registration District No. 5127 Registered No. 67
 City St. Joseph (No. Industrial City) St. _____ Ward _____

2. FULL NAME

E. J. & E. Olseworth M^c Cargan
 (a) Residence, No. Industrial City Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 25 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M^c Cargan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
72 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machine shop
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator
 10. Date deceased last worked at this occupation (month and year) 1-9-37 11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon City, Iowa

FATHER 13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs. Mary M^c Cargan Industrial City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE 11-23-37

19. UNDERTAKER (ADDRESS) Stoney Funeral Home St. Joseph, Mo

20. FILED Nov 22 1937 B. H. Tadlock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th 1937 to Nov 20 1937

I last saw him alive on Nov 18 1937 Death is said to have occurred on the date stated above, at 9 P.m.

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

Pulmonary Thrombosis Acute Degenerative Date of onset _____

Other contributory causes of importance: 13C

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 _____, 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) J. P. Stoney, M. D.

(Address) 2614 St. Joseph Ave

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.

