

REC'D SEP 9 1938

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

28669  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Clinton Registration District No. 204  
 (b) Township Shoals Primary Registration District No. 3013 Registered No. 39  
 (c) City Cameron (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Sarah Agnes Carney. 657  
 (a) Residence, No. West 5th. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. At home  
 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) Kansas City Mo.

FATHER 13. NAME James Carney

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

MOTHER 15. MAIDEN NAME Margaret McElroy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.

17. INFORMANT (ADDRESS) Walterine Eckhart Cameron

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron DATE Aug 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.W. Poland Cameron

20. FILED Aug 26 1938 W. H. Kirby Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1938 to Aug 25, 1938  
 I last saw her alive on Aug 23, 1938 Death is said to have occurred on the date stated above, at 12.30A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Chronic Valvular Disease  
of the Heart

Other contributory causes of importance: 97

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Kirby, M. D.

(Address) Cameron, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully checked.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*A. H. Doolen*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*A. H. Doolen*

Licensed Embalmer No. *4020*

P. O. Address *Camden, NJ*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**