

24 1939

FEB 6 1939

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

3951
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 284
 (b) Township Carondelet Primary Registration District No. 50
 (c) City Jefferson Barracks (d) Street No. Vet. Hosp. St.
Unkn (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 James R. CARSON,
 (a) Residence, No. 3007 South 14th Street St. Mount Vernon, Illinois.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Dovie Carson (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
62 0 13

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) New Albany, (STATE OR COUNTRY) Indiana.
 13. NAME Edward Carson
 14. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME Ellen Rainey
 16. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Indiana

17. INFORMANT Clinical Clerk, Jeff. Barracks, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE West Side, Ill. DATE Jan 26, 1939
 19. FUNERAL DIRECTOR (NAME) W. B. Hughes (ADDRESS) Mt Vernon, Ill.
 20. FILED 2-4-1939 19 J. R. Meyer, D. P. N. Local Registrar 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1938 to January 24, 1939
 I last saw him alive on January 24, 1939. Death is said to have occurred on the date stated above, at 3:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, generalized, severe.
Myocarditis and toxic psychosis
 Other contributory causes of importance:
None
 Name of operation None Date of -
 What test confirmed diagnosis? Clinical manif. and laboratory 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 Cardiopathy
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) V.A.F., Jefferson Barracks, Mo.

Date of onset
Unkn.

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.

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.