

1939 JUN 19 1939

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

18926
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002
 (c) City Joplin (d) Street No. 2127 Bird Avenue 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 34 yrs. 11 mos. 10 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas L. Carney
 (a) Residence, No. 2127 Bird Ave. 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 Male 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 XXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1904

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>34</u>	<u>11</u>	<u>10</u>	

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. NO OCCUPATION
 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) Joplin, Missouri

FATHER
 13. NAME Thomas W. Carney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Eleanor Ingram
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT W. W. Ulrici
 (ADDRESS) 2127 Bird Avenue

18. BURIAL, CREMATION OR REMOVAL PLACE Forest Park DATE 5-26-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon
Joplin, Missouri

20. FILED 5-26-39 Ed. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 5-24-39, 1939, to 5-24-39, 1939
 I last saw him dead on May 24, 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Gunshot from a 38 Cal. revolver in chest
 Date of onset 1939

Other contributory causes of importance:
Officer shot to save the life of a fellow officer

Name of operation none Date of inquest
 What test confirmed diagnosis? inquest Was there an autopsy? inquest

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide: homicide Date of injury 5/24/1939
 Where did injury occur? Joplin, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
home - 2127 Bird Ave.
 Manner of injury attempt to arrest
 Nature of injury Gunshot - 38 Cal. revolver

24. Was disease or injury in any way related to occupation of deceased? not
 If so, specify none
 (Signed) A. J. Winchester, M. D.
 (Address) Joplin, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1275

Date Filed JUN 9 1939

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. 959

..... P. O. Address Opportune

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.