

REC'D JUN 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

18753

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF () WIFE OF (X)

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

Aug 11 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

9

13

OCCUPATION

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

housekeeper

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)

Holden Missouri

MOTHER

13. NAME

Joshua Carney

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

Virginia

15. MAIDEN NAME

Margaret Kline

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

Kentucky

17. INFORMANT (ADDRESS)

Mrs. J. F. Cannon
Wich, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

White Oak

DATE

May 25, 1939

19. UNDERTAKER (ADDRESS)

W. J. Brown
Wich, Missouri

20. FILED

6-5

1939

W. J. R. Hampton
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

January 1929, to May 24, 1939.

I last saw her alive on May 24, 1939. Death is said

to have occurred on the date stated above, at 6 P. m.

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

Carcinoma of the face

Date of onset

Other contributory causes of importance:

Name of operation Physical Date of

What test confirmed diagnosis? signs Was there an autopsy?

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) R. B. Linnell, M. D.

(Address) Linnell

WRITE PLAINLY, WITH UNFADING INK. AT FINGERPRINTS AND

10036-11-32

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.

52

RECEIVED
District Health Officer No. 7
District File Number 7-39-897
Date Filed 6-6-39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18753
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township White Cloud Primary Registration District No. 5495
 (c) City _____ (d) Street No. _____ Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Margaret Elizabeth Carney
 (a) Residence, No. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 9 13

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. _____
 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) _____

FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____, 19____
 I last saw him alive on 5-24-37, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of face
Fracture Eyeball
of right eye
 Other contributory causes of importance: none

Name of operation 52 Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

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 _____
 (Signed) L. L. Smith, M. D.
 (Address) nrch mo

SUPPLEMENTARY

WRITE PLAINLY
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.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS

Local Registrar

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Handwritten signature or scribble

Handwritten mark