OC 28 1927

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

Do not use this space.

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25311

File No.

Registered No. 35

1. PLACE OF DEATH

County Ste. Genevieve — Registration District No. 780

Township Jackson — Primary Registration District No. 6028

City Bloomsdale (No. ..... St. ..... Ward)

2. FULL NAME Ben F. Carron

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 / 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
24	2	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Kinsey, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Sodon Carron

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kinsey
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Felician Boyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kinsey
(STATE OR COUNTRY) Mo

14. INFORMANT Robert Carron
(Address) Bloomsdale Mo

15. FILED Sept 7, 1927 T.W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1927

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1927, to Aug 26, 1927, that I last saw him alive on Aug 25 1927, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs

31/7,34 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) not known

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) J. M. O'Brien, M. D.

Aug 27, 1927 (Address) Bloomsdale Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bloomsdale — DATE OF BURIAL Aug 28 1927

20. UNDERTAKER Frank Boischle ADDRESS Bloomsdale Mo

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.