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

Do not use this space.

22049

1. PLACE OF DEATH

County Livingston — Registration District No. 5-15 — File No.

Township Blue Mound — Primary Registration District No. 5-684 — Registered No. 6

City Dawson (No. ..... St. ..... Ward)

2. FULL NAME Arthur E. Carey

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF: Mary Carey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 29 1859

7. AGE: Years 72 — Months — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass.

PARENTS

10. NAME OF FATHER: Fredrick Carey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Cora Bushnell
(Address): Dawson Mo

15. FILED July 1, 1931 Teresa A. Haynes, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/30 1931

17. I HEREBY CERTIFY, That I attended deceased from 6/30, 1931, to 6/30, 1931, that I last saw him alive on 6/30, 1931, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
Second attack, 1st 8 or 10 years previous (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

82 A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of Death

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Geo. Moore, M. D.

7/1, 1931 (Address) Ludlow 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: Ludlow Mo — DATE OF BURIAL: July 1st 1931

20. UNDERTAKER: J. M. Ward — ADDRESS: Dawson Mo