

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

24981

1. PLACE OF DEATH 399

County Garrison Registration District No. 399

Township Wear Primary Registration District No. 1002

City Kansas City No. 72 C General Hosp File No. 2973

Registered No. 2973 St. 14 Ward 14

2. FULL NAME John Carignan

(a) Residence, No. 2611 E. 31st St., 14 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>9</u>	<u>20</u>	

OCCUPATION

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

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) Canada

FATHER

13. NAME M Carignan

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

MOTHER

15. MAIDEN NAME Mary Gaynor

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

17. INFORMANT Neural Clerk (ADDRESS) 72 C General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 7/9/31

19. UNDERTAKER H. F. Mayberry (ADDRESS)

20. FILED July 8 1931 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1931, to 7-8, 1931

I last saw him alive on 7-8, 1931 Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Hypertatic Broncho-pneumonia

82A 107A

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation none Date of

What test confirmed diagnosis Pen. Find 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

(Signed) P. B. Williams M. D.

(Address) Subt 72 C Gen. Hosp

