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

Do not use this space.

8224

File No.
Registered No.

1. PLACE OF DEATH
County: Stone
Township: Logan
City: (No. , St. Ward)
Registration District No. 843
Primary Registration District No. 6085

2. FULL NAME: L Carney
(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 40 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): m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 31 1855

7. AGE: Years 77 | Months 10 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barren Ind

FATHER
13. NAME: Calvin Carney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Clarice Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Ira Garrison Milan Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bapt Farm DATE: Feb 21 1933

19. UNDERTAKER (ADDRESS): W E Hilton Crane Mo

20. FILED 2/21 1933 Nellie H Tromly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep-12- 1932 to Feb 20- 1933
I last saw him alive on Feb-19- 1933 Death is said to have occurred on the date stated above, at 12 15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	1912
[illegible]	

Other contributory causes of importance:

Name of operation: none Date of:
What test confirmed diagnosis? Clinical 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? No
If so, specify —
(Signed) H. L. Farr, M. D.
(Address) Crane Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.