

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.

DEC 12 1934

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Primary Registration District No. 1001
 City St. Joseph, (No. St. Joseph, s. Hospital St. Ward)

✓
 38557
 File No.
 Registered No. 1232

2. FULL NAME Anna Marie Carolus

(a) Residence, No. 3229 Mitchell Avenue St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William J. Carolus</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December, 12, 1873.</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>10</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) St. Joseph,
 (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Bertram Joseph Baker

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

15. MAIDEN NAME Margaret Custer

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

17. INFORMANT Mrs. George Goll
 (ADDRESS) 3229 Mitchell Avenue

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cent
 PLACE St. Joseph, Mo. DATE Nov. 12 1934

19. UNDERTAKER H. O. Sidenfaden
 (ADDRESS) 1802 Union Street, St. Joseph, Mo.

20. FILED 11-11 1934 John R. Bunde
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November, 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/3 1933, to 11/10 1934.

I last saw h. or alive on Nov. 9 1934. Death is said to have occurred on the date stated above, at 1/20 am.

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

Absence of lines
12.5.15
1934
 Other contributory causes of importance: Perforation
 Date of onset 1933
10/7/34

Name of operation Drainage of abscess Date of Dec. 1933

What test confirmed diagnosis: Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Yes 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? Yes

If so, specify H. H. Humphreys M. D.
 (Signed) 825 Charles Street, St. Joseph, Mo.
 (Address)



January 29, 1935.

Board of Health,
City Hall,
St. Joseph, Mo.

Gentlemen:

A post-mortem was performed on Mrs. Carolus by Dr. Hunt, the Pathologist at St. Joseph's Hospital, and he was unable to give any etiology as the cause of this rather large abscess in the liver, so it was impossible for me to fill out the etiology at the time her death certificate was made out.

I will be glad to have you consult Dr. Hunt if you feel that you need any further information about this case.

Sincerely yours,

F. G. Thompson

M. D.

5-38557