

MAR 19 1937

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

Do not use this space.

6021

1. PLACE OF DEATH
42 County Henry Registration District No. 347
Township Bogard Primary Registration District No. 5485
City Blairstown (No. _____) St. _____ Ward _____

2. FULL NAME Ira Carney
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nannie E Carney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 24 1866</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>II</u>
		DAYS
		<u>19</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>Medical Doctor</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) (STATE OR COUNTRY) <u>Platt Co. Mo</u>		
FATHER	13. NAME <u>J. Carney</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KY</u>	
MOTHER	15. MAIDEN NAME <u>Margret Cline</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT <u>Merl Carney</u> (ADDRESS) <u>Blairstown, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blairstown Cem</u> DATE <u>Feb 13-37</u>		
19. UNDERTAKER <u>O. L. Cook</u> (ADDRESS) <u>Chilhowee, Mo.</u>		
20. FILED <u>2-22 1937</u> <u>J. R. Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from Head on arrival 1937,
I last saw h. _____ alive on _____, 1937. Death is said to have occurred on the date stated above, at 3 P. M.
The principal cause of death and related causes of importance were as follows:
Dr. Carney was dead when I arrived. I had not attended him before death. According to history the cause of death was presumably Coronary Occlusion.
Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937
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 _____
(Signed) R. R. Gallagher M. D.
(Address) Clinton, Mo

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.

