REC'D APR 8 1930

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

Do not use this space.

File No. 11784

Registered No. 57

1. PLACE OF DEATH

County: Phelps

Township: Cold Spring

City: (No. , St. Ward)

Registration District No. 679

Primary Registration District No. 5907

2. FULL NAME: William Warren Carson

(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: 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~~: Mrs Addie Carson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9, 1866

7. AGE: Years 71 | Months 5 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sandusky Ohio

FATHER

13. NAME: Andrew Carson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER

15. MAIDEN NAME: Elizabeth Kidd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Mrs Carl Fizik Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rhea Cemetery DATE: 4/5, 1938

19. UNDERTAKER (ADDRESS): Mrs. Harry McCann Rolla Mo.

20. FILED: April 5, 1938 Jos. F. Cryan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 4, 1938

22. ~~Manner~~ I HEREBY CERTIFY, That I attended deceased from ~~Apr~~ Apr 31, 1938, to Apr 4, 1938

I last saw him alive on Apr 3, 1938. Death is said to have occurred on the date stated above, at 2 a. m.

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

Lobar Pneumonia — Date of onset 3-30-38

Other contributory causes of importance: None

Name of operation: Date of:

What test confirmed diagnosis? Physical 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) S. L. Mitchell, M. D.

(Address) Rolla Mo

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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.