

DEC 18 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11

1. PLACE OF DEATH

County Barry
 Township Mountain
 City No.

Registration District No. 29
 Primary Registration District No. 5049

File No. 32908
 Registered No. 69
 St. Ward

2. FULL NAME

Hannah Carney

(a) Residence. No. St. Ward
 (Usual place of abode)
 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 F 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 Henry Carney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Harsh Kuper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Star, Conn.

10. NAME OF FATHER

John Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT Isabel Carney
 (Address) Capet Fair Mo

15.

FILED Dec 12 1929 Mrs K.R. Williams
Dpt. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7-29

17. I HEREBY CERTIFY, That I attended deceased from 10-5-1929 to 10-7-1929
 that I last saw him alive on 10-6-1929, and that death occurred, on the date stated above, at 2 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intussusception
1225 intussusception

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? m

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.C.R. Bryant M. D.

11-30, 1929 (Address) Crane Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Carney Cem 10-8-29

20. UNDERTAKER

ADDRESS

W.E. Sutton Crane 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.

State should state
in very important

CAUSTIC
N. B. O. item

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

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County Barry

Registration District No. 29

File No.

Township Mountain

Primary Registration District No. 5049

Registered No. 69

City (No.)

St. Ward)

2. FULL NAME

(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

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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**

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(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT.....

(Address)

15.

FILED

Jan 1, 1930 Mrs H. R. Williams
Dpt. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 7 1929

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(SECONDARY)

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WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19..... (Address)

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ADDRESS

IS A PERMANENT REC.

WRITE PLAINLY, WITH UNFAD.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTI

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