

Rose Haney (nee Carrico) d. March 25, 1913

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED <i>(Write the word)</i>	DATE OF DEATH	Month	Day
Female	White	Married	March	25	1913
DATE OF BIRTH	Month	Day	Year		
January	19	1883			
AGE	Yrs.	Mos.	Days	If less than 1 day, hrs. or min.?	
30	2	6			
OCCUPATION	(a) Trade, profession, or particular kind of work				
at home	Home work				
(b) General nature of industry, business, or establishment in which employed (or employer)					
at home					
BIRTHPLACE	(City or town, State or foreign country)				
City 9-0					
NAME OF FATHER	Edward Carrico				
BIRTHPLACE OF FATHER	Louisiana				
MAIDEN NAME OF MOTHER	Mary Murphy				
BIRTHPLACE OF MOTHER	don't know				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <i>Edmond Steiner</i>					
(ADDRESS) <i>3218 Magazine St.</i>					
Filed	Mar 26 1913	Miss	Loeber	REGISTRAR	
Registration District No. <b>1003</b>			File No. <b>791</b>		
Primary Registration District No. <b>1003</b>			Registered No. <b>2987</b>		
City <i>St. Louis</i> (No. <i>3218</i> Magazine St. <i>20</i> Ward)			If death occurred in a hospital or institution, give its NAME, number of street and number)		
I HEREBY CERTIFY, that I attended deceased from <i>January 10, 1913, to March 25, 1913</i> that I last saw her alive on <i>March 24, 1913</i> , and that death occurred, on the date stated above, at <i>8:30 a. m.</i>					
The CAUSE OF DEATH* was as follows:					
<i>Leucæmia (leukæmia)</i>					
Contributory <i>(Duration) 1</i> yrs. <i>1</i> mos. <i>1</i> ds.					
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.					
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)					
At place of death: yrs. mos. ds. In the State: yrs. mos. ds. Former or usual residence:					
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL		
<i>Calvary Cemetery</i>			<i>March 27, 1913</i>		
UNDERTAKER			ADDRESS		
<i>Classy Organ</i>			<i>621 Canal St.</i>		

*Large*

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

*820*