JUL 25

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

Do not use this space.

17615

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 657
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Thomas Carr
(a) Residence. No. 405 No. 6th. St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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

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: Anna Carr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar, 17, 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Western Dairy Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

PARENTS
10. NAME OF FATHER: James Carr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Laura Bray
(Address) 2620 St. Joe Ave.

15. FILED JUN 24 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 23, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1927, to June 23, 1927 that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 11.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
1010
(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Senility and Chronic Myocarditis.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) G W Bonitz, M. D
6/24/, 1927 (Address) 1014 Sylvanie St, St Joseph, 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: Green Cemetery — DATE OF BURIAL: June, 25, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.