NOV 9 1927

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

Do not use this space.

29639

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph
Registration District No. 85
Primary Registration District No. 1001
(No. 2309 South II Street St. Ward)
File No.
Registered No. 1098

2. FULL NAME James F Carr
(a) Residence. No. 2309 South IIth Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 33 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: Carrie Carr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 27. 1860.

7. AGE: Years 67 | Months I | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Switch Oiler
(b) General nature of industry, business, or establishment in which employed (or employer): St. Joseph Ry L H & P CO
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Benjamin F Carr
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Jane Tucker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ohio

14. INFORMANT: Carrie Carr
(Address): 1322 South 15 Street

15. FILED OCT 31 1927 John G. Utz SS. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 30 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to Oct 29, 1927, that I last saw him alive on Oct 29, 1927, and that death occurred, on the date stated above, at 8.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): none
(duration) yrs. mos. ds.

90B

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2309 S. 11th St
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) Martin L. Kullman, M.D.
Oct. 31. 1927 (Address) 1107 Frederick Ave.

*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: Ashland Cemetery
DATE OF BURIAL: Nov. 2 1927

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1302 Union Str.

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.