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

Do not use this space.

File No. 4869
Registered No. 4001

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1007
City: Kc Mo (No. ..... Mercy Hosp ..... St. ..... Ward)

2. FULL NAME Orval Carrenator

(a) Residence. No. 4635 N. Monroe 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. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Ma	Wh	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	9	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jasper Carrenator
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Emma Brougan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Mercy Hosp
(Address) Kansas City, Mo

15. FILED Feb 2, 1928 M. M. Crouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 — 1 1928

17. I HEREBY CERTIFY, That I attended deceased from 1 — 26, 1928, to 2 — 1, 1928 that I last saw h... alive on 1 — 31 — 28, 19..., and that death occurred, on the date stated above, at 12:7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Staphylococcus Septicemia with Multiple Abscess formation
36 (duration) yrs. mos. 8 ds.
1528
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. L. Dwyer M. D
2/1, 1928 (Address) Medical Arts Bldg.

*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
Highland Pk KCK	2/2 1928
20. UNDERTAKER	**ADDRESS**
Mrs Forester	Kc 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.