

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

Do not use this space.

✓ 15672

1. PLACE OF DEATH

County Randolph Registration District No. 734
 Township Salt Spring Primary Registration District No. 5-569
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Rachel Lou Carver

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Female white widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31, 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
84 10 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
 (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) Howard Co. Mo

10. NAME OF FATHER William Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT W. D. Carver
 (Address) Huntsville, Mo. R. 7D

15. FILED 4-5-29 O. F. Hutton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1929

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1929, to April 3rd, 1929, that I last saw her alive on April 3rd, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH** WAS AS FOLLOWS:

Acute interstitial nephritis

130 (duration) yrs. 1 mos. 5 da.

CONTRIBUTORY Influenza
 (SECONDARY)

(duration) yrs. 1 mos. da.

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? _____

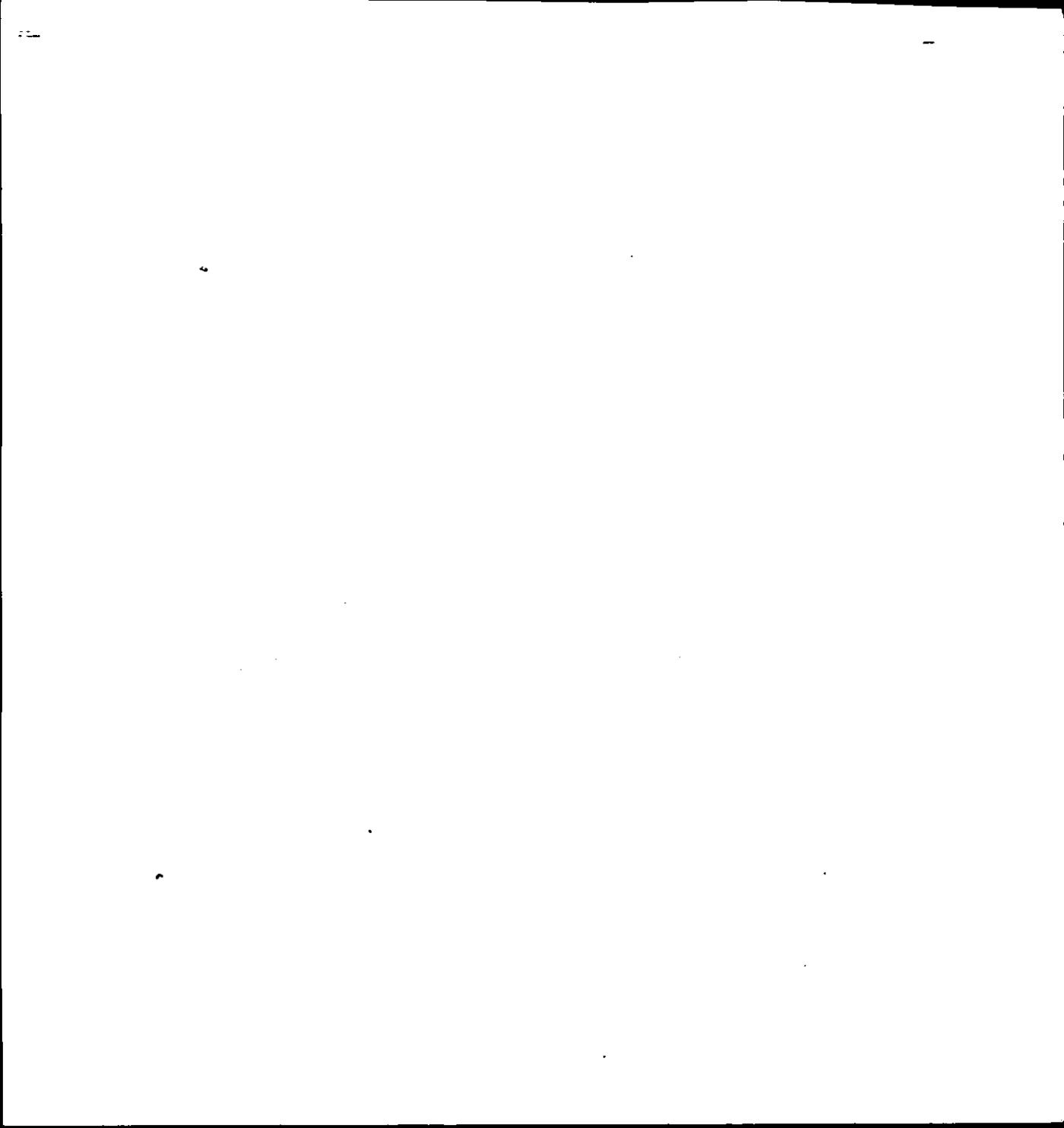
(Signed) O. F. Hutton, M. D.
 , 19 (Address) Huntsville

*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 Trinity Cemetery DATE OF BURIAL April 5 1929

20. UNDERTAKER Andrew Minor ADDRESS Huntsville Mo.

262
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31



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Randolph Registration District No. 434 File No. 1
 Township Salt Spring Primary Registration District No. 2-969 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Rachel Lou Carver

(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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 10 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. House Keeper
 (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) Howard Co. Mo

10. NAME OF FATHER William Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT W. D. Carver (Address) Huntsville, Mo R. F. D.

15. FILE June 10, 1929 Alberkheimer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 5 - 1929

17. I HEREBY CERTIFY that I attended deceased from men 1st to Apr 3, 1929 that I last saw h. or a. on Apr 3, 1929 and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Interstitial Nephritis
 (duration) _____ yrs. 1 mos. 5 ds.
 CONTRIBUTORY (SECONDARY) Influenza
 (duration) _____ yrs. 1 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) R. F. Hatton, M. D.
 , 19 _____ (Address) Huntsville

*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 Trinity Cemetery DATE OF BURIAL Apr 5 - 1929

20. UNDERTAKER Andrew Minor ADDRESS Huntsville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-15672