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

Do not use this space.

37278

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 37278
Township Kaw — Primary Registration District No. 1002 — Registered No. 4748
City Kansas City (No. 4311 Flora St. Ward)

2. FULL NAME Minnie O. Carr
(a) Residence. No. 4311 Flora St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. J. Carr
6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 9, 1868
7. AGE: YEARS 61 — MONTHS 8 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.
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) (STATE OR COUNTRY): Green Ridge Mo.

PARENTS
10. NAME OF FATHER: Wm. Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Mary Burkhart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT: J. H. Carr
(Address) 4311 Flora Ave

15. FILED 11/20, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 19 1929.
17. I HEREBY CERTIFY, That I attended deceased from 11-17-29, 19..., to 11-19-, 1929 that I last saw her alive on 11-18-, 1929, and that death occurred, on the date stated above, at 6 40 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY): Cerebral hemorrhage
9 yrs. ago (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: At place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. A. Myers, M. D.
11/20, 1929 (Address) 815 Shukert 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: Green Ridge, Mo. — DATE OF BURIAL: Nov. 20, 1929.
20. UNDERTAKER: W. H. Newcomer's Sons K. C. Mo. — ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

815 Sunkeeb Bldg
Vic. 3925.
12:30 . 2-4:20