

WRITE PLAINLY, WITH UNLEADING INK—THIS IS A FIFTY NEW DESIGN

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.

APR 25 1931

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

Do not use this space.

5977

1. PLACE OF DEATH
 47 County Jasper Registration District No. 410
 6 Township Preston Primary Registration District No. 512-43
 6 City Jasper (No. _____) St. _____ Ward _____

62. FULL NAME Willard Bradner Carver
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 10
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>67</u>	<u>7</u>	<u>20</u>	<u>-</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer 237
 (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) Penn. 2

10. NAME OF FATHER Wm. Carver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Sarah Reidal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs. Sarah Carver
 (Address) Jasper, Mo

15. FILED 3-10-1931 D. Holmes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. - 28 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-1-1927 to 2-28-1931, and that I last saw him alive on Feb. 28-31, 1931, and that death occurred, on the date stated above, at 11-P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
70% (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92% (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 92%
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) W. H. Knott, M. D.

*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 <u>Paradise Cem</u>	DATE OF BURIAL <u>3/2 1931</u>
20. UNDERTAKER <u>Tester Davis</u>	ADDRESS <u>Jasper, Mo</u>

