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.

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

Do not use this space.

34482

1. PLACE OF DEATH Veterans' Administration Hospital. 399
County Jackson Registration District No. 399 File No. 4291
Township Kaw Primary Registration District No. 1007 Registered No. 4291
City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME CAVE, Earl Warren C-1 213 718 VB
(a) Residence, No. 322 N Kensington St., 10 Ward. Pvt. Co A 117th FS Bn.
(Usual place of abode) Kansas City, Missouri. (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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseshoer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 10-17, 1931

19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City, Mo

20. FILED 10/16, 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to October 14, 1931
I last saw him alive on October 14, 1931. Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
V.H.D.Mitral Stenosis	1923
131 92A 131	
Other contributory causes of importance:	
Nephritis, chr. Parenchymatous	1925

Name of operation None Date of ----
What test confirmed diagnosis? Exam. & X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? --- Date of injury ---, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ------
Nature of injury -------

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ----
(Signed) W. E. Chambers, M. D.
W. E. CHAMBERS, Med. Officer in Charge
Vet. Adm. Hospital, Kansas City, Mo.