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

Do not use this space.

23109

1. PLACE OF DEATH

County JACKSON — Registration District No. 5558404 — File No.

Township Kaw Washington — Primary Registration District No. 4093358 — Registered No. 57

City KANSAS CITY (No. ARMOUR MEMORIAL HOME - 81ST & WORNALL RD Ward)

2. FULL NAME MRS CARRIE R CAVE

(a) Residence, No. ARMOUR MEMORIAL HOME Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 24 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-18-1855

7. AGE: Years 77 — Months 2 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
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) BROOKPORT (STATE OR COUNTRY) NEW YORK

FATHER

13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) EAST AURORA (STATE OR COUNTRY) NEW YORK

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT MR McRAE CAVE (ADDRESS) ARMOUR MEMORIAL HOME

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE AUGUST-1, 1932

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 7-30, 32 Fred P. Lindsay Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930, to July 29, 1932

I last saw h. alive on July 28, 1932. Death is said to have occurred on the date stated above, at 1:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/22/32
Cerebral Hemorrhage - about 1926 resulting in hemiplegia with partial recovery	
Hypertension & endocarditis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Darwin Delap, M.D., M. D.

(Address) 3232 BELLEFONTAINE AVE, KANSAS CITY MO.

3232 Bellefontaine
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