

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

Do not use this space.

39531

1. PLACE OF DEATH

18 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Independence, Mo. 1507 Scott ave. St. _____ Ward _____

File No. _____

Registered No. 414

St. _____ Ward _____

2. FULL NAME

Halbert Rollin Carr, Jr.
 (a) Residence No. 1507 Scott ave. 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 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 Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30 - 1930
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 10 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Independence, Missouri
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Halbert R. Carr, Sr.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newark, Oklahoma
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Atha Luff
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton, Missouri
 (STATE OR COUNTRY)

14. INFORMANT Halbert R. Carr, Sr.
 (Address) 1507 Scott ave.

15. FILED Dec 29 1932 Dr. F. L. Cook
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1932

17. I HEREBY CERTIFY, That I attended deceased from 5 A.M. Dec 27, 1932, to 8 P.M. Dec 27, 1932, that I last saw him alive on Dec 27, 1932, and that death occurred, on the date stated above, at 8:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Influenza (duration) _____ yrs. _____ mos. _____ ds.
11A
107B (2)

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH home

0 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Consultation
 (Signed) P. B. Luffin, M.D.
Dec 15 1932 (Address) 1109 S. Roland Independence, Mo.

*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 Mount Grove Cemetery DATE OF BURIAL Dec 30 1932
 20. UNDERTAKER Passion Funeral Home ADDRESS Indep. Mo.

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.

JAN 24 1933

