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

Do not use this space. 9841

1. PLACE OF DEATH
County JACKSON — Registration District No. 389 — File No. 1445
Township KAW — Primary Registration District No. [illegible] — Registered No.
City KANSAS CITY (No. 2547 TROOST AVE. RAYWOOD APTS. Ward)

2. FULL NAME DR. EDWARD DWIGHT CARR
(a) Residence, No. 2547 - TROOST St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 56 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. ABBIE F. CARR
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-10-1852
7. AGE: YEARS 80 | MONTHS 10 | DAYS 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DENTIST
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) 1923
11. Total time (years) spent in this occupation 56 YRS

12. BIRTHPLACE (CITY OR TOWN) TRUXTON (STATE OR COUNTRY) NEW YORK

FATHER
13. NAME Delivan Edward Carr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Lovenia Buck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trumansville N.Y.

17. INFORMANT MRS. ABBIE F. CARR (ADDRESS) 2547 - TROOST AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE MARCH-28, 1933
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI
20. FILED Mch 28, 1933 M. M. Leroux Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-26, 1933
22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933, to March 26, 1933
I last saw him alive on March 26, 1933. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Prostate	?
510	
511 510	
Other contributory causes of importance:	
(1) Cardiac failure	3-21-33
(2) Hypostatic pneumonia	3-26-33

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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) C. F. Kent C.F. Kent, M. D.
(Address) 1306 Bryant Bldg., K.C. Mo.

N.B.—Every item of information should be carefully supplied. PROBABLE CAUSE OF DEATH should be stated. PERSONAL and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11:30-5