16-66

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

Do not use this space.

36393

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City Mo (No. Street Car 15 & Grand. St. Ward)

File No.
Registered No. 4298

2. FULL NAME Geo. H. Carver
(a) Residence, No. #1617 Lester 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1851

7. AGE: YEARS 82 — MONTHS 10 — DAYS 14 — 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) (STATE OR COUNTRY) Erie Pa

FATHER
13. NAME Amos Carver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut.

MOTHER
15. MAIDEN NAME Susan Jones.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

17. INFORMANT (ADDRESS) L. H. Carver #2227 E 70 Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plano Ills DATE 11/4 1933

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc. #3146 Main St

20. FILED 11-3 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Deep Coma, 19.., to ....., 19..
I last saw h.. alive on ....., 19.... Death is said to have occurred on the date stated above, at 7.45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Serious	
Chronic Serious Myocarditis	

Other contributory causes of importance: no 934

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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?
If so, specify
(Signed) [signature], M. D.
(Address) [signature] DEPCOR

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.