

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.

MAR 24 1934

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

Do not use this space.

6204

1. PLACE OF DEATH

County St. Charles Registration District No. 760 File No. 2  
Township Lacrosse Primary Registration District No. 4455 Registered No. 16  
City Wentzville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edgar M. Carr

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 11 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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) Feb 27-34 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madisonville Virginia

13. NAME Thomas Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madisonville Virginia

15. MAIDEN NAME Arnold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calawaba Virginia

17. INFORMANT (ADDRESS) Patsy Carr Wentzville, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Wentzville, Mo. DATE 3-2 1934

19. UNDERTAKER (ADDRESS) W. E. Pittman Wentzville, Mo.

20. FILED 371 1934 W. E. Caldwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28-1934

22. I HEREBY CERTIFY, That I attended, deceased from Oct 1933, 19\_\_\_\_, to Feb 28-, 1934

I last saw him alive on Feb 28, 1934. Death is said to have occurred on the date stated above, at 4:50 A.M.

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

Atherosclerosis Date of onset 1932  
Cardiac Hypertrophy 1923  
Other contributory causes of importance: Nephritis 1933

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Spec. Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No, 19\_\_\_\_

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home injury

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) E. B. Keenan, M. D.  
(Address) Wentzville Mo

