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.

APR 25 1934

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

Do not use this space.

9185

File No.

Registered No. 1384

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City (No. 2620 E. 34th St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Mrs. Josephine Carbaugh.
(a) Residence, No. 2620 E. 34th 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 Fe.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel C. Carbaugh.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8-1852
7. AGE Years 81 Months 4 Days 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Kentucky

FATHER
13. NAME Garrett Hendrix
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Nancy Naylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Dr. Eugene Carbaugh 7720 Wornall Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE 3-28 1934

19. UNDERTAKER (ADDRESS) Eylar Funeral Home K. C. Mo

20. FILED Mch 28 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1934, to Mar 27, 1934
I last saw her alive on March 27, 1934. Death is said to have occurred on the date stated above, at 1 45 P m.
The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

131

Other contributory causes of importance:
Chronic nephritis

Name of operation None 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) Henry Carbaugh M. D.
(Address) 714 Bryant Bldg K. C. Mo