

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

Do not use this space.

SEP 15 1934

1. PLACE OF DEATH

County North
Township Allen
City _____ (No. _____) St. _____ Ward _____

Registration District No. 904
Primary Registration District No. 216

File No. 15369-a
Registered No. _____

2. FULL NAME Jarsh Carver

(a) Residence, No. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard W. Carver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17 - 1842</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>7</u>	DAYS <u>0</u>
		If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

MOTHER FATHER 13. NAME Benjamin W. Woodell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

MOTHER 15. MAIDEN NAME Jarsh Fairpoint

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

17. INFORMANT (ADDRESS)
Deanna, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller DATE Jan 14 1934

19. UNDERTAKER (ADDRESS)
Deanna, Mo.

20. FILED Sept 15 1934 Registrar Benjamin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934 to April 12, 1934
I last saw him alive on April 12, 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

13! chronic Pneghts 1930
Heart
Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Lucas H. Loney, M. D.
(Address) Deanna, Mo.

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.

