

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No.) St. Ward) (No.) St. Ward)

2. FULL NAME

James Preston DeForest Carr

(a) Residence, No. 819 Warren St., 1 Ward.

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. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 8

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

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) Quindiana

13. NAME James Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Rocked Caraway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary Ohio

17. INFORMANT (ADDRESS) Henry Waters

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Ohio June 3 1934

19. UNDERTAKER (ADDRESS) Wm. J. ...

20. FILED 1934 Joe J. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1934

22. I HEREBY CERTIFY, that I attended deceased from June 1929 to June 2 1934

I last saw him alive on June 1 1934 Death is said to have occurred on the date stated above, at 8:40 A.M.

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

glomerular nephritis Date of onset 1929

arteriosclerosis 1929

131

Other contributory causes of importance: 131

hypertensive 1931

Name of operation none Date of no

What test confirmed diagnosis? renal biopsy 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? If so, specify no

(Signed) Howard A. Bush, M. D. (Address) 1500 ...

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.

WRITE NAME, WITH OCCUPATION, IN THIS SPACE

