

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FEB 19 1935

1486

1. PLACE OF DEATH

County Jackson Registration District No. 500 File No. 352
 Township KAW Primary Registration District No. 500 Registered No. 352
 City Kansas City (No. 4715 Brooklyn) St. Ward

2. FULL NAME William M. Carr

(a) Residence, No. 4715 Brooklyn St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1935 to Jan 23 1935.
 I last saw him alive on Jan 23 1935. Death is said to have occurred on the date stated above, at 5:30 pm.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1866

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 4 14

Date of onset

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

Cellulitis of face

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg. Of Surgical Appliances

Other contributory causes of importance
Covered front

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) Mt. Rose Nova Scotia

13. NAME Hiram Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia

17. INFORMANT Mrs. Evelyn Carr
 (ADDRESS) 4715 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Yates Center, Ks. DATE Jan 24 1935

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel 104 West 42nd Street

20. FILED Jan 24 1935 W. M. M. Crumpton Registrar.

Name of operation Date of
 What test confirmed diagnosis 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
 (Signed) W. M. M. Crumpton
 (Address) 214 Withman Bldg

Weather Bldg

JUN 7 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township
City Canoe (No.)

Registration District No. 999
Primary Registration District No. 1002

File No. 1486
Registered No. 352
St. Ward)

2. FULL NAME

Wm McCarr

(a) Residence, No. St. Ward.
(Usual place of abode)

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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 14

OCCUPATION

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 1/24 1935 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
I last saw at on....., 19..... 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:

cellulitis of face
not tubercular
Streptococci pyogenes
Other contributory causes of importance:

Date of onset

Name of operation..... 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?..... 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) Attkyner, M. D.
(Address)

S-1486