

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.

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

Do not use this space.

AUG 25 1936

30804
3590

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township W. 1st Primary Registration District No. 1002
City Kansas City, Mo. (No. Research Hospital) St. Ward

2. FULL NAME J. Raymond Carlow
(a) Residence, No. 3406 Independence Ave. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1900

7. AGE YEARS 36 MONTHS 1 DAYS 16 If LESS than 1 day,hrs. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Empire Storage & Ice Plant

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) Missouri

FATHER 13. NAME J. W. Carlow

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Grace Carlow, (ADDRESS) 3406 Indep. Ave. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin, Mo. DATE Aug. 4-36

19. UNDERTAKER C.H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 8-3 1936 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/1/36 1936

22. I HEREBY CERTIFY that I attended deceased from 1936 to 1936

I last saw him alive on 1936 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:
Acute infectious
bronchopneumonia
pulmonary embolism

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external cause (accident), fill in all the following: Accident, suicide, or homicide Date of injury 8/1/36
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 directly related to occupation of deceased
If so, specify

(Signed) J. E. Black M. D.
(Address)

