

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

Do not use this space.

31862

1. PLACE OF DEATH

County

Township

City

AUG 24 1936
Orange
Jefferson

Registration District No.

Primary Registration District No.

643
5-85-2

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

Jesse B. Carville
Blair mo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

w

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Jesse Carville

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

Oct 31 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

55

9

0

OCCUPATION

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

farmer

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

Stooper Hill mo

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

FATHER

MOTHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

19. UNDERTAKER (ADDRESS)

20. FILED

DATE

(ADDRESS)

1936

mo

Blair

mo

MEDICAL CERTIFICATE OF DEATH

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

Aug 1 1936

22. I HEREBY CERTIFY That I attended deceased from

Nov 10 1935 to Aug 1 1936

I last saw him alive on *Aug 1 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:

Sclerosis of the Liver & M. Tubal insufficiency of heart - complete with bronch.

Other contributory causes of importance:

12401
Physical examination
Name of physician..... Date of.....
What test confirmed diagnosis? *X* 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) *Dr Charles L. Leach* , M. D.

(Address) *Blair mo #3*

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.

