JAN 21 1937

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

Do not use this space.

45562

File No. 48

Registered No. 48

1. PLACE OF DEATH

County Montgomery Registration District No. 593

Township Loutre Primary Registration District No. 4357

City ~~Big Springs~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Clarence 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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Lucy Carver

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

7. AGE: Years 55 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

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. Farm

10. Date deceased last worked at this occupation (month and year) 9 months

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo.

FATHER

13. NAME Ade Carver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo.

MOTHER

15. MAIDEN NAME Sarah Carver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo.

17. INFORMANT Henry Carver
(ADDRESS) New Florence Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hugo DATE Dec. 20 1936

19. UNDERTAKER A. E. Henderson & Sr.
(ADDRESS) New Florence Mo.

20. FILED 1/10 1937 James A. Helm M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1936, to Dec. 18, 1936

I last saw h. ~~in~~ alive on Dec. 18, 1936 Death is said to have occurred on the date stated above, at 9 30 p.m.

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

	Date of onset
Pulmonary Tuberculosis	4-1-1936
Chronic Bronchitis	4-1-1936
+ Bronchiectasis	

Other contributory causes of importance:

Malnutrition - Influenza	4-1-36

Name of operation None Date of —

What test confirmed diagnosis? Sputum Test 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? No

If so, specify .....

(Signed) E. J. T. Anderson, M. D.

(Address) Montgomery City, 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

1. County ..... 2. City ..... 3. Township ..... 4. Village ..... 5. Ward ..... 6. Street ..... 7. Number .....

(Usual place of abode) (Hospital or institution) (Place of accident or injury)

NAME OF DECEDENT

8. Name of deceased ..... 9. Sex ..... 10. Color or race ..... 11. Married, widowed, divorced, or never married ..... 12. Date of birth (month, day, and year) ..... 13. Age ..... 14. Residence ..... 15. Birthplace (state or country) ..... 16. Citizen of what country ..... 17. Father's name ..... 18. Maiden name of mother ..... 19. Birthplace (state or country) ..... 20. Citizen of what country ..... 21. Informant ..... 22. Address ..... 23. Occupation ..... 24. Business or industry ..... 25. Was deceased married, widow, or divorced? ..... 26. Name of husband or wife ..... 27. Was death caused by accident, suicide, or homicide? ..... 28. Place of injury (state or country) ..... 29. Was death caused while at work? ..... 30. Was death caused while in military service? ..... 31. Was death caused while in industry? ..... 32. Was death caused while in public service? ..... 33. Was death caused while in transportation? ..... 34. Was death caused while in mine or quarry? ..... 35. Was death caused while in factory? ..... 36. Was death caused while in farm? ..... 37. Was death caused while in school? ..... 38. Was death caused while in hospital? ..... 39. Was death caused while in prison? ..... 40. Was death caused while in asylum? ..... 41. Was death caused while in home? ..... 42. Was death caused while in other place? ..... 43. Was death caused while in transit? ..... 44. Was death caused while in air? ..... 45. Was death caused while in water? ..... 46. Was death caused while in land? ..... 47. Was death caused while in other place? ..... 48. Was death caused while in unknown place? ..... 49. Was death caused while in other place? ..... 50. Was death caused while in unknown place? ..... 51. Was death caused while in other place? ..... 52. Was death caused while in unknown place? .....