MAR 13 1937

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

Do not use this space.

6539

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Savoy Hotel St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Carrie W. Kleaver
(a) Residence, No. Savoy Hotel St., 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1879
7. AGE YEARS 57 MONTHS 7 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Savoy Hotel
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) Ohio

FATHER
13. NAME Fred Kleaver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

MOTHER
15. MAIDEN NAME Margaret McFall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

17. INFORMANT (ADDRESS) W. W. Honville Savoy Hotel
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 2/20 1937
19. UNDERTAKER (ADDRESS) J. F. O'Donnell Co. 3256 Broadway
20. FILED 2-20- 1937 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2" 1937, to Feb 18" 1937
I last saw her alive on Feb/16, 1937. Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	16th

Other contributory causes of importance:
Chronic Parenchymatous Nephritis 3 or 4 years
Marked Edema

Name of operation Date of
What test confirmed diagnosis? Clinical 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. G. Davis M.D.
(Address) 406 State Avenue K. C. Kansas.

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.