

AUG 11 1937

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

Do not use this space.

26163

1. PLACE OF DEATH

County Jackson  
Township Kear  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. St Joseph Hosp)

File No. \_\_\_\_\_  
Registered No. 2376  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Joseph F. Carder  
(a) Residence, No. 3026 Bellmountain St., \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Grace Carder  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20th 1857  
7. AGE YEARS 79 MONTHS 6 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3/37 1937  
22. I HEREBY CERTIFY, that I attended deceased from June 20 1937 to July 3 1937  
I saw him alive on July 3 1937. Death is said to have occurred on the date stated above, at 8:20 p.m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Contractor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Lobar pneumonia  
108  
Date of onset 6/22/37  
Other contributory causes of importance: Auricular fibrillation and myocardial degeneration 6/22/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
13. NAME Mathew Carder  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER 15. MAIDEN NAME Don't know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

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.

17. INFORMANT al B. Carder  
(ADDRESS) Chicago Ill  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mumma Park DATE 7/6/37 19\_\_\_\_

Manner of injury 1  
Nature of injury \_\_\_\_\_

19. UNDERTAKER H. F. Mayberry  
(ADDRESS) \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify John H. Caldwell, M. D.  
(Signed) John H. Caldwell, M. D.  
(Address) Kansas City, Mo.

20. FILED July 5 1937 M. McNamee  
Registrar.

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.

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