

NOV 16 1937

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

37451

Do not use this space.

## 1. PLACE OF DEATH

(a) County CLAY Registration District No. 201  
 (b) Township Liberty Primary Registration District No. 5280  
 (c) City Liberty (d) Street No. 3012 St. 21  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

WILLIAM E CAREY  
 (a) Residence, No. Terrace ave St.  (If nonresident, give city or town and State)

## 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 W. E. Carey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 1870

7. AGE YEARS 67 MONTHS 7 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Mosby MO

13. NAME Wm Carey

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

15. MAIDEN NAME Matilda Minkins

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

17. INFORMANT (ADDRESS) Mrs J. P. Agnew, 3012 Liberty St. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Shoal (country) DATE 10/25 1937

19. FUNERAL DIRECTOR (ADDRESS) Burthout, 3012 Liberty St. Mo

20. FILED 10/23 1937 E. T. Branch Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1937, to Oct 21 1937

I last saw him alive on Oct 21 1937. Death is said to have occurred on the date stated above, at 1:45 P.M.

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

acute Aortic aneurysm Date of onset Oct 21-37

Other contributory causes of importance:

Winking of hard labor and exposure

Name of operation none Date of  
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none Date of injury  
 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) Adrian Elder, M.D.  
 (Address) Liberty, Mo

STATEMENT BY LICENSED EMBALMER

I, Victor E. Seminger, Licensed Embalmer No. 2896

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Victor E. Seminger  
Licensed Embalmer No. 2896

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**