

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

Do not use this space.

JAN 1 1938

1. PLACE OF DEATH

County Clay
 Township Liberty
 City Liberty (No. 3017)

Registration District No. 201
 Primary Registration District No. 5280

File No. 45116
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 11. Morse St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie B. Carver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25 - 1859

7. AGE YEARS 78 MONTHS 1 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery merchant
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson Co. Tenn.

MOTHER 13. NAME Pleasant P. Carver

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

15. MAIDEN NAME Elizabeth Knight

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

17. INFORMANT Mrs. Minnie B. Carver (ADDRESS) Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 12/29/37

19. UNDERTAKER Chas. - Archer Co. (ADDRESS) Liberty - Mo.

20. FILED 1/20/38 E. T. Bram Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from January 15th, 1937, to Dec. 18, 1937

I last saw him alive on Dec. 14th, 1937. Death is said to have occurred on the date stated above, at 6 a. m.

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

Atherosclerosis
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation no Date of _____
 What test confirmed diagnosis? path 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) M. W. Brown M. D.
 (Address) Liberty Clay County - 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.

