

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township East Primary Registration District No. 1902  
City General Hosp. #2 St. 3rd Ward 5471  
Registered No. 537

2. FULL NAME William Caraway  
(a) Residence, No. 1522 E. 29th St., 600 Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Lottie Caraway  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 11 28  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor  
9. Industry or business in which work was done, as silk mill, 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) mo

13. NAME Unknown

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

15. MAIDEN NAME Clavie Berry

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

17. INFORMANT Record Clerk  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Chambers, Mo. DATE 2-2-1938

19. UNDERTAKER H. Moore  
(ADDRESS) 1820 E. 18th St.

20. FILED 2/2 1938 W. M. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1938, to 1-30, 1938.  
I last saw him alive on 1-30, 1938. Death is said to have occurred on the date stated above, at 7:05 P.M.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Hypertensive type  
Heart disease  
Other contributory causes of importance:  
Decompensation

Name of operation Clinical Date of No  
What test confirmed diagnosis Clinical 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) W. D. Sumner  
(Address) General Hosp. #2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

