

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 2620 E 34th St)

**19727**  
File No. \_\_\_\_\_  
Registered No. 2440  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. 2620 E 34th 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. <del>SINGLE</del> , MARRIED, WIDOWED OR <del>DIVORCED</del> (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Josephine Carbaugh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 28 - 1848</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>5</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) _____ (Total time (years) spent in this occupation) <u>Platte County, Mo Parker</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parkville Mo</u>		
FATHER	13. NAME <u>Samuel Carbaugh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Nancy West</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Dr Eugene Carbaugh</u> (ADDRESS) <u>7720 Womall Rd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Moriah</u> DATE <u>June 13, 1933</u>		
19. UNDERTAKER <u>Oylar Funeral Home</u> (ADDRESS) <u>1800 Linwood Blvd</u>		
20. FILED <u>6/12</u> 19 <u>33</u> <u>M. M. Browe</u> <u>Regist.</u>		

**MEDICAL CERTIFICATE OF DEATH**

3 **DATE OF DEATH (MONTH, DAY, AND YEAR)** June 11, 1933 Sunday

**I HEREBY CERTIFY** that I attended deceased from June 1, 1933 to June 11, 1933

I last saw him alive on June 1, 1933 Death is said to have occurred on the date stated above, at 2:29 a.m.

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

Dealtor Corona  
460  
39  
460

Other contributory causes of importance:  
Sarcoma of Intestine  
about 2 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Dr Eugene Carbaugh M. D.  
(Address) 531 W 29th St

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.

5<sup>th</sup> July.