

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

Do not use this space.

12953

MAY 25 1934

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City 116 (No. 1711 Kensington) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Phelps W. Carver  
(a) Residence, No. 1711 Kensington St. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7<sup>th</sup> 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
47      7      7  
8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Night Watchman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bemis Bros. Bay Co.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 9 mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada  
mo

13. NAME Lee F. Carver

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

15. MAIDEN NAME Alice Phelps

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

17. INFORMANT Everett L. Carver  
(ADDRESS) 1802 Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Apr. 16 1934

19. UNDERTAKER D. W. Newcomer's Sons  
(ADDRESS) Kansas City Mo.

20. FILED 4-16 1934 Wm. Crow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Stat Apr 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 8 1934, to Apr 14 1934.

I last saw him alive on Apr 14 1934 Death is said to have occurred on the date stated above, at 9:30 p.

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

Myocardial exhaustion due to Portal Stenosis.  
71B      4      1  
133C      1      1  
Date of onset present at first  
Apr 8, 34

Other contributory causes of importance: Hepatic carcinoma - with ascites - anura

Name of operation Arteries ligated Date of 4/9/34  
What test confirmed diagnosis? Physical & Histology 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) W. T. Winters  
(Address) 3447 Park St  
KC 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.

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

