JAN 20 1938

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

Do not use this space.

46007

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 30 rg — Registered No. 355

City Hannibal (No. Levering Hospital St. 6 Ward)

2. FULL NAME Edith Elsie McCarver

(a) Residence, No. 1269 Collier St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Lonnie B. McCarver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 11-1892

7. AGE: YEARS 44 — MONTHS 11 — 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.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 23
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): Saverton Mo.

FATHER

13. NAME: George Beaver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Grange Mo.

MOTHER

15. MAIDEN NAME: Bertha Bohven
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Busch Mo.

17. INFORMANT (ADDRESS): Lonnie B. McCarver, Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Dec 6 1937

19. UNDERTAKER (ADDRESS): Roy R. Schwartz, Hannibal Mo.

20. FILED Dec 8 1937 H. C. Fisher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-5 1937 to 12-4 1937

I last saw her alive on 12-4 05 1937. Death is said to have occurred on the date stated above, at 12 P.m.

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

Valvular Disease of Heart — Date of onset ?

Other contributory causes of importance: none known

Name of operation no — 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? no — 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) [signature], M. D.

(Address) Hannibal Mo

WHITE 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.

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