

REC'D MAY 20 1938

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

Do not use this space.

15088

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13

1. PLACE OF DEATH

County Lawrence
Township Pierce
City Pierce City (No. _____, St. _____, Ward _____)

Registration District No. 471
Primary Registration District No. 4284

File No. _____
Registered No. 13

2. FULL NAME William Gerald Carver

(a) Residence, No. Dry Valley St. _____, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 12

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

12. BIRTHPLACE (CITY OR TOWN) Dry Valley
(STATE OR COUNTRY) Lawrence Co.

13. NAME Albert Carver
14. BIRTHPLACE (CITY OR TOWN) Lawrence Co.
(STATE OR COUNTRY)

15. MAIDEN NAME Gustava Reynolds
16. BIRTHPLACE (CITY OR TOWN) Dade Co.
(STATE OR COUNTRY)

17. INFORMANT Albert Carver
(ADDRESS) Wentworth Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcophagus No. DATE 4-28 1938

19. UNDERTAKER Victor O. Niemeyer
(ADDRESS) Pierce City Mo.

20. FILED 4-25, 1938 Registrar E. B. Wright

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1938, to Apr. 26, 1938

I last saw him alive on Apr. 26, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

atelectasis - upper
lobe left lung
bilateral lobe pneumonia
right lung
Other contributory causes of importance:
circulatory failure
starvation
anhydroemia

Date of onset

birth6 days1 day6 days4 days

Name of operation None Date of _____
What test confirmed diagnosis? biopsy _____ 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) J. Mason Jones, M. D.

(Address) Pierce City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

