

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

Do not use this space.

38943

**1. PLACE OF DEATH**

24 County Clay Registration District No. 200  
Township Kearney Primary Registration District No. 529B  
City (No. ....) St. .... Ward

File No. ....  
Registered No. 20

**2. FULL NAME**

Jefferson B. Carey  
(a) Residence, No. .... 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**

3. SEX M 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 Mattie E. Carey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
70 9 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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 all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

13. NAME John Carey 2

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

15. MAIDEN NAME Susan Blatley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT Mrs J B Carey  
(ADDRESS) Kearney, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney DATE Dec 6 1932

19. UNDERTAKER Wessel  
(ADDRESS) Kearney Mo

20. FILED 12/6/32 19 Sho. L. Smith  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932 to Dec 5, 1932  
I last saw him alive on Dec 4, 1932 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Nov 29-32  
Date of onset

Other contributory causes of importance 108 1080 1

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. ap

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 9  
If so, specify .....

(Signed) J W Epler, M. D.  
(Address) Kearney Mo.

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.

JAN 22 1933

