

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

Do not use this space.

40181

1. PLACE OF DEATH  
County GREENE

Registration District No. 317

File No. ....

Township.....

Primary Registration District No. 4197

Registered No. ....

City REPUBLIC

(No. ....)

St. .... Ward)

2. FULL NAME JAMES THOMAS CARR

(a) Residence No. .... 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 22nd 1850

7. AGE YEARS 78 MONTHS 6 DAYS 29 IF LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work DECEASED FARMER

(b) General nature of industry, business, or establishment in which employed (or employer) FARM

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) GEORGIA

10. NAME OF FATHER JAMES CARR

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) GEORGIA

12. MAIDEN NAME OF MOTHER ELIZABETH MATHEWS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) GEORGIA

14. INFORMANT Tom Carr (Address) Republic Mo

15. FILED 12/23 25 W. G. Frame REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 21- 28

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1928, to Dec 20, 1928 that I last saw him alive on Nov 29, 1928, and that death occurred, on the date stated above, at 6 P. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

terminal lesion  
92A of H9 cont.

CONTRIBUTORY (SECONDARY) POW

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. at home

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. G. French, M. D. , 19 (Address) Republic Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Evergreen Cemetery 12/23 25

20. UNDERTAKER RE Harmon ADDRESS Republic 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.

JAN 23 1929

MISSOURI STATE BOARD OF HEALTH

