

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

Do not use this space.

**18565**

**1. PLACE OF DEATH**

County Penton  
Township West white  
City Lincoln (No. ....)

Registration District No. 60  
Primary Registration District No. 5095

File No. ....  
Registered No. 295  
St. .... Ward

**2. FULL NAME**

John Burl Carleton

(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. 6 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29 1845

7. AGE 75 YEARS 2 MONTHS 19 DAYS If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED Retired Farmer

(a) Trade, profession, or particular kind of work. none  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

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

10. NAME OF FATHER John Carleton

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

12. MAIDEN NAME OF MOTHER Hartman

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

14. INFORMANT S. P. Carleton  
(Address) RR 1 Lincoln Missouri

15. June 25 1930 E. L. Rhodes  
FILED 1930. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1930

17. I HEREBY CERTIFY, That I attended deceased from June 16 1930 to June 22 1930 that I last saw him alive on June 21 1930, and that death occurred, on the date stated above, at 6 a.m.

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

892 Cerebral Hemorrhage  
1107

(duration) .... yrs. .... mos. 6 ds.  
CONTRIBUTORY Arterial Sclerosis  
(SECONDARY) (duration) 10 yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. A. Blackmore, M. D.

6-24-1930 (Address) Windsor, 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  
Libo Cemetery, Hwy Co. Morgan, Mo. 24 1930

20. UNDERTAKER ADDRESS  
J. B. Calbert Lincoln 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.

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