

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

Do not use this space.

19158

1. PLACE OF DEATH

County Greene Registration District No. 318 File No.
 Township Springfield Primary Registration District No. 8901 Registered No. 460
 City Springfield (No. St. Johns Hospital) St. Ward)

2. FULL NAME

(a) Residence. No. 826 S. Newton 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 11 0

8. OCCUPATION OF DECEASED Retired Farmer
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER John Carter

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

12. MAIDEN NAME OF MOTHER Pamelia Haynes

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

14. INFORMANT E. Carter
 (Address) Springfield, Mo.

15. FILED 6/15, 1930 For Sharp
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14-1930

17. I HEREBY CERTIFY, That I attended deceased from 6-4-1930 to 6-14-1930, and that I last saw him alive on 6-14-1930, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver
Pancreas.

CONTRIBUTORY (SECONDARY) 4415 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) M. J. Armstrong M. D.
 (Address) Springfield, 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 Old Pleasant View Cemetery DATE OF BURIAL June 16, 1930

20. UNDERTAKER J. K. Fligner & Co. ADDRESS Springfield 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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