

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

Do not use this space.

31707.

1. PLACE OF DEATH

20 County Cedar
1 Township El Dorado Spring
2 City El Dorado Spring No. _____

Registration District No. 163
Primary Registration District No. 4095

File No. _____
Registered No. 68 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 13 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 1 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ore 9

13. NAME Wm C Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Olivia Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) A. A. M. Kinner El Dorado Spring Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Mo. DATE Oct. 14 1932

19. UNDERTAKER (ADDRESS) Thos. J. Jones El Dorado Spring Mo.

20. FILED 10/13 1932 G. W. Davis Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1932, to Oct 12 1932
I last saw him alive on Oct 11 1932 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:
Chronic Endostitis of the foot Date of onset Not known

Other contributory causes of importance:
No other known

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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? NO
If so, specify _____
(Signed) M. P. Repton M. D.
(Address) El Dorado Spring 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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