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.

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

Do not use this space.

36078

1. PLACE OF DEATH
49 County Jasper — Registration District No. 411 — File No.
7 Township Oklahoma — Primary Registration District No. Mo. 02 — Registered No.
5 City Joplin — No. 1218 — St. — Ward)

2. FULL NAME Wm Henry Carrithers

(a) Residence, No. — St., — Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1860

7. AGE — YEARS 72 — MONTHS 3 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Frisco R.R.
10. Date deceased last worked at this occupation (month and year) 30 yrs.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Porter Carrithers.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Ind.

MOTHER
15. MAIDEN NAME Mary E. Grimes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ind.

17. INFORMANT (ADDRESS) E. L. Carrithers Fort Scott, Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tanorewen — DATE 11-25 1932

19. UNDERTAKER (ADDRESS) Hulett Und Co Joplin Mo.

20. FILED 11/25 1932 C. Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932, to Nov 23, 1932
I last saw him alive on Nov 23, 1932. Death is said to have occurred on the date stated above, at 8 45 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

82A

82a

Other contributory causes of importance:

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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. E. Craig, M. D.
(Address) 214 Frisco Bldg Joplin Mo.

MAY 10 19