

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

Do not use this space.

13566

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Mason Primary Registration District No. 3079
 City Hannibal (No. 1307) Collier St. _____ Ward _____

File No. _____
 Registered No. 126
 St. _____ Ward _____

2. FULL NAME

James M. Care
 (a) Residence, No. 1307 Collier 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Care
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 -0- 25
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer (Retired)
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.H. + T. 3rd Wash Ry Co
 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) Chariton Co. Mo.
 13. NAME no data
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data
 15. MAIDEN NAME no data
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data
 17. INFORMANT Mrs Ella Care (Wife)
 (ADDRESS) 1307 Collier St. Hannibal, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mr Oliver DATE April 28, 1934
 19. UNDERTAKER Wm M Smith
 (ADDRESS) 102 1/2 Sdury, Hannibal, Mo.
 20. FILED Apr 27 1934 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1934
 22. I HEREBY CERTIFY, That I attended deceased from 2-2-32, 1932, to 4-26-34, 1934
 I last saw him alive on 4-26-34, 1934 Death is said to have occurred on the date stated above, at 1:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 1932
Myocardial infarct 1934
 Other contributory causes of importance _____
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) J. M. Smith, M. D.
 (Address) Hannibal, 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.

JUN 23 1934

