

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.

DEC 14 1934

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

Do not use this space.

38653

1. PLACE OF DEATH

County Buchanan Registration District No. 86 86
Township Wayne Primary Registration District No. 5128
City Halls Mo. (No. Route #1 St. _____ Ward)

2. FULL NAME Carl Clark Childers

(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. 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1931
7. AGE YEARS 3 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME C. Clark Childers

14. BIRTHPLACE (CITY OR TOWN) McFall (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lillian Christopher

16. BIRTHPLACE (CITY OR TOWN) Halls (STATE OR COUNTRY) Missouri

17. INFORMANT C. Clark Childers (ADDRESS) Halls Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Curlin Cem. DATE Nov. 28, 1934

19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill Av.

20. FILED Nov 27 1934 J. J. B. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1934

I HEREBY CERTIFY, that I attended deceased from Nov. 26 - 1934 to Nov. 26 - 1934
I last saw him alive on Nov. 26, 1934 Death is said to have occurred on the date stated above, at 8:30 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset Do not know
Lobar pneumonia
11A
108
Other contributory causes of importance: Influenza 11A
Do not know

Name of operation _____ Date of _____
What test confirmed diagnosis? Clem. test 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) Fenton J. [Signature] M. D.
(Address) 216 W. W. MO. Ave.

