

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.

JUN 4 1935

18684

1. PLACE OF DEATH

County Scott
Township Beluso
City (No. _____) _____ St. _____ Ward _____

Registration District No. 1155
Primary Registration District No. 6065C

File No. _____
Registered No. _____

2. FULL NAME

William Thomas Carlton

(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 20 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 Ethora Carlton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 5 15

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Carton Belt Pump Mkr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Cape Co. Mo

13. NAME William F. Carlton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Rhody Stovakh

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

17. INFORMANT R. W. Carlton. (ADDRESS) Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Causem. Paga, Mo. DATE May 12 35

19. UNDERTAKER Bisplinghoffs Hobbarb (ADDRESS) Ill mo, Mo.

20. FILED 5-10 1935 W. J. Dennis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8 1935 to May 8 1935

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Gun shot wound
Rodney
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Gun shot Date of injury May 8 1935
Where did injury occur? Ill mo, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gun shot by self
Nature of injury Bullet in chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) G. J. Dennis, M. D.
(Address) Ill mo, Mo.

