

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

Do not use this space.

36399

JAN 16 1936

1. PLACE OF DEATH

County Casper

Registration District No. 408

Township Carthage Mo

Primary Registration District No. 3020

City Carthage Mo (No. 418 N. Marion St.)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 418 N. Marion St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Jane James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18th 1852</u>		
7. AGE <u>83</u>	YEARS <u>0</u>	MONTHS <u>11</u>
		DAYS <u>11</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>
	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) Logan Ohio
(STATE OR COUNTRY)

13. NAME James Oliver

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

15. MAIDEN NAME Mary Ann Kress

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

17. INFORMANT Mr Allie Alexander
(ADDRESS) Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE 12/2 1935

19. UNDERTAKER Wm. J. Funeral Home
(ADDRESS) Carthage Mo

20. FILED Dec 2 1935 S. B. Chilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29th 1935

22. HEREBY CERTIFY, That I attended deceased from Dec 26 1934, to Nov 29 1935

I last saw him alive on Nov 29 1935. Death is said

to have occurred on the date stated above, at 3 P. m.

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

Uremia

Chronic myocarditis

Other contributory causes of importance:

prostate hypertrophy

with adenoma

Name of operation no Date of _____

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external cause (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) George H. Wood M. D.

(Address) Carthage 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

