

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

Do not use this space.

39409

**JAN 26 1936**

**1. PLACE OF DEATH**

County Linn  
Township West Plains  
City West Plains (No. 2)

Registration District No. 384  
Primary Registration District No. 4227

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. West Plains, Linn Co., Mo. Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred, 10 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) Deceased  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Castleberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 10 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 | 7 | 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) (STATE OR COUNTRY) Oregon Co. Kentucky

13. NAME Joseph Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains

15. MAIDEN NAME Behrman

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

17. INFORMANT (ADDRESS) Leroy Leary West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Dec-30 1935

19. UNDERTAKER (ADDRESS) Wm. Barber West Plains, Mo.

20. FILED 12-30 1935 Vida V. SIMONS Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov-22-1935 to Dec-30-1935. I last saw him alive on Dec-28-1935. Death is said to have occurred on the date stated above, at 4 A. m. The principal cause of death and related causes of importance were as follows:

Cancer of Colon ✓  
Other contributory causes of importance: None  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Criminal 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. D. Barber M. D. (Address) West Plains, 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.

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