

APR 27 1936

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

Do not use this space

13826

## 1. PLACE OF DEATH

County WagonRegistration District No. 875Township WashPrimary Registration District No. 6162

City (No. )

File No.

Registered No. 80

## 2. FULL NAME

(a) Residence, No. State Hospital #12 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. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

male

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

wid.

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June-8-1865

## 7. AGE

70

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Former

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

## 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)

Blountville Tennessee

## 13. NAME

James Carlton

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

Blountville Tennessee

## 15. MAIDEN NAME

Susan Bowman

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

Blountville Tennessee

## 17. INFORMANT (ADDRESS)

Fred Carlston Nevada Mo

## 18. BURIAL, CREMATION, OR REMOVAL

Newton Cem. DATE 3-18-36

## 19. UNDERTAKER (ADDRESS)

Ferry Funeral Home Nevada Mo

## 20. FILED

3-17-36 W. C. Cichinger Registrar

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Mar 16 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1936 to Mar. 16 1936I last saw him alive on 1-11-1936. Death is saidto have occurred on the date stated above, at 1:30 p.m.

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

Arteriosclerosis

Date of onset

?

## Other contributory causes of importance:

Diarrhea (enteric)10 ds.Name of operation none Date ofWhat 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

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) F. T. O'Neil, M. D.(Address) Nevada, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

