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.

OCT 21 1936

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

Do not use this space.

33910

1. PLACE OF DEATH
County Chariton
Township Clark
City ~~Marceline~~ ~~Mo~~ (No. ..... St. ..... Ward)

Registration District No. 174
Primary Registration District No. 5242

File No. .....
Registered No. .....

2. FULL NAME James Monroe Carriker

(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 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farming
10. Date deceased last worked at this occupation (month and year) Apr 1927
11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Martin W. Carriker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

MOTHER

15. MAIDEN NAME Elizabeth Blackwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Virgil Carriker Bucklin Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bucklin DATE Sept. 14, 1936

19. UNDERTAKER (ADDRESS) E. A. Larson Bucklin Mo

20. FILED Sep 17, 1936 C. D. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1936, to Sept 12, 1936
I last saw him alive on Sept 12, 1936. Death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9/12/36
108	
Other contributory causes of importance: Chr. Nephritis	(?)
Senility	

Name of operation None Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? .....

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) M. L. Dickroeger, M. D.
(Address) Marceline Mo.