

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.

REC 3 1926

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

Do not use this space.

38489

## 1. PLACE OF DEATH

County NewtonRegistration District No. 609Township NeashPrimary Registration District No. 4363City Neash (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 116

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Carey Wilson Testerman

(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 / 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Etta Testerman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 30, 1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS <u>1</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>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Marshall Testerman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>
	15. MAIDEN NAME <u>Jane Anderson</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pineville Missouri</u>
	17. INFORMANT <u>Mrs. Etta Testerman</u> (ADDRESS) <u>Neash Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Neash Cemetery</u> DATE <u>Nov. 2, 1926</u>	
19. UNDERTAKER <u>Cady Thompson</u> (ADDRESS) <u>Neash Mo.</u>	
20. FILED <u>11-2-26</u> <u>Amesdale, Mo.</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1926

22. I HEREBY CERTIFY, That I attended deceased from

Oct 25 1926 to Oct 31 1926I last saw h. in. alive on Oct 31 1926. Death is saidto have occurred on the date stated above, at 9:30 P. m.

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

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance: 3

Name of operation none Date of \_\_\_\_\_What 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 \_\_\_\_\_, 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) M. D. Bowman, M. D.(Address) Neash, Mo.

