

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

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.

JAN 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Carthage Primary Registration District No. 3020
 City Carthage (No. 1110 Prospect) St. _____ Ward _____

File No. 49493

Registered No. _____

2. FULL NAME Infant son of Roxie Caler

(a) Residence, No. 1110 Prospect 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Carthage Missouri

13. NAME Unknown

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

15. MAIDEN NAME Roxie Caler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cartersville Missouri

17. INFORMANT (ADDRESS) Mrs. Emma Melugin Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville Cemetery DATE Dec. 28, 1936

19. UNDERTAKER (ADDRESS) Ulmer Funeral Home Carthage, Missouri

20. FILED Dec 28 1936 S. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1936 to Dec 26 1936
 I last saw him/her alive on Dec 26 1936 Death is said to have occurred on the date stated above, at 4:00 pm

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

Premature birth 6 1/2 lunar months. Date of onset 12/06 1936

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Ed LaFarell, M. D.
 (Address) Carthage Mo

