

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

APR 16 1937

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

Do not use this space.

11617
32

1. PLACE OF DEATH

County Clay
Township Liberty 5
City Liberty 4 (No. _____) St. _____ Ward _____

Registration District No. 201390
Primary Registration District No. 5280

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 6 Francis St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 9 mos. - 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1907

7. AGE YEARS 34 MONTHS 5 DAYS 5 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Gospel
10. Date deceased last worked at this occupation (month and year) 4 days 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Angola Ill.

13. NAME James Carlors

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

15. MAIDEN NAME Dora Swink

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

17. INFORMANT (ADDRESS) Mrs. Zetta Carlors

18. BURIAL, CREMATION, OR REMOVAL PLACE Angola Ill. DATE Mar 17 1937

19. UNDERTAKER (ADDRESS) Church - Archer Co

20. FILED 3/16 19 7 E T Bram Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1937, to Mar 14, 1937

I last saw him alive on Mar 14, 1937 Death is said to have occurred on the date stated above, at 9 P.m.

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

Scarlet Fever

Date of onset

Mar 12 1937

Other contributory causes of importance:

Name of operation _____ 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? no
If so, specify _____

(Signed) Burton Maltby, M. D.
(Address) Liberty Mo.

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2002

