

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

**AUG 27 1937**

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

Do not use this space.

**28104**

1. PLACE OF DEATH  
 County Pike Registration District No. 689  
 Township Suffalo Primary Registration District No. 59.7  
 City Rural Grove (No. Rural Grove)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Artie Carr  
 (a) Residence No. Rural Rural Grove 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 / 72  
 7. AGE YEARS 64 MONTHS 10 DAYS 23 If LESS than 1 day, hrs. or min.

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:30 m.  
 The principal cause of death and related causes of importance were as follows:  
He had had no physician for some time (several months). He was a poor man living in the country in a place hard to get to. His death from pulmonary tuberculosis was not unexpected by his relatives & neighbors.  
 other contributory causes of importance:  
\_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo  
 13. NAME Thomas L Carr  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn  
 15. MAIDEN NAME Rena Smith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo  
 17. INFORMANT (ADDRESS) Mrs Rena Carr  
Rt 2 Bowling Green Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Groves Farm DATE 7-28 37  
 19. UNDERTAKER (ADDRESS) J. H. Carr  
Louisiana Mo  
 20. FILED 7.27, 1937 J. H. Carr  
 Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Carr Registrar (Local)  
 (Address) Louisiana Mo

