

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

Do not use this space.

**1939** AUG 1

26243

**1. PLACE OF DEATH**

County Marion Registration District No. 552  
 Township Warren Primary Registration District No. 5745  
 City (No. St. Ward)

**2. FULL NAME** 643 George Douglas Carlton

(a) Residence, No. Monroe City, Mo R.F. D. Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 33 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1869

7. AGE YEARS 69 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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) Nebo, Illinois

FATHER 13. NAME George Carlton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebo, Ill.

MOTHER 15. MAIDEN NAME No record  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT John Nash  
 (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Andrew Chapel DATE 7/28/39

19. UNDERTAKER Lewis Bond  
 (ADDRESS) Palmyra, Mo.

20. FILED 7/28 1939 Mrs. Alta V. Wagner Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/15 1939 to July 27 1939

I last saw him alive on months 1939. 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:

Coronary occlusion Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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.

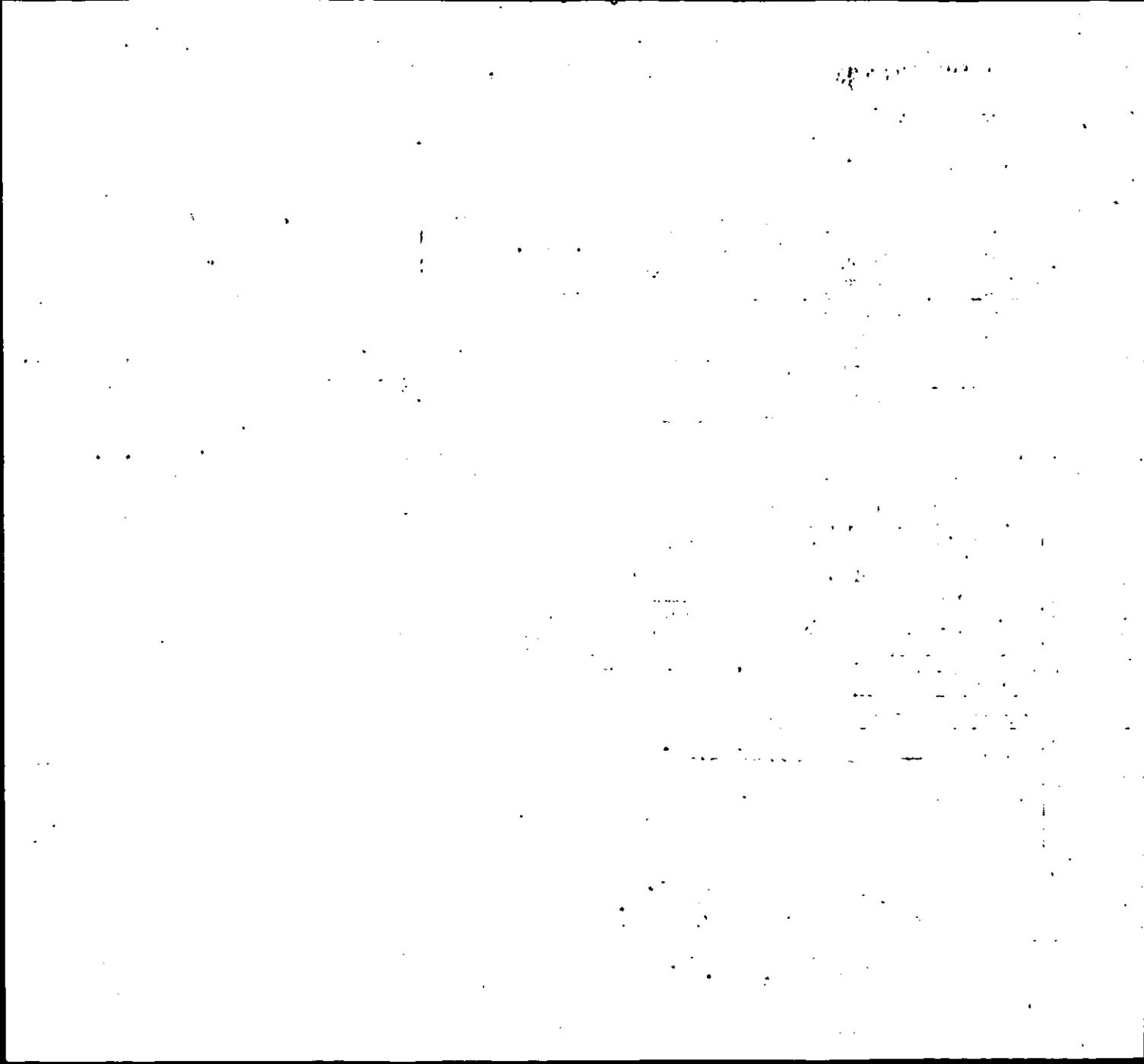
Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. H. Hall M.D. M. D.

(Address) Palmyra, Mo.

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.





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