

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.

FILED AUG 11 1942

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

Do not use this space.

24853

1. PLACE OF DEATH  
72 County New Madrid Registration District No. 605 72  
Township Carroll Primary Registration District No. 4359 5  
City Rt. 1, Carma, Mo. (No. 1) St. Carma (Ward)

2. FULL NAME Wiley B. Teeters  
(a) Residence, No. #1, Carma, Mo. St. Carma Ward. Carma (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. 6 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Nannie Teeters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>62</u>	<u>2</u>	<u>25</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) late time of death Total time (years) spent in this occupation 6 yrs. 6 mos.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME John Teeters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. ||

15. MAIDEN NAME Helen Templeton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. ||

17. INFORMANT (ADDRESS) Nannie Teeters  
#1, Carma, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berwick, Mo. DATE 7/12 1942

19. UNDERTAKER (ADDRESS) Duncan Funeral Home  
Berwick, Mo.

20. FILED July 12 1942 Mrs. S. B. Rademak  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1942

22. I HEREBY CERTIFY, That I attended deceased from 6-21-42, 1942, to 7-10-42, 1942.  
I last saw him alive on 7-9-42, 1942. Death is said to have occurred on the date stated above, at 11:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia & Liver Date of onset

Other contributory causes of importance: H68

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 \_\_\_\_\_ 1942  
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. Gilber M.D.  
(Address) Carma, Mo. 7/10/42

I embalmed this body.

Hunter Albritton

License No. 4210

Sikeston, Mo.