

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

*Walker*  
Do not use this space.

**1. PLACE OF DEATH**

County *Henry*  
Township *Clinton*  
City *Clinton* (No. ...., St. ...., Ward .....

Registration District No. *347*  
Primary Registration District No. *3018*

File No. *40410*  
Registered No. *150*

**2. FULL NAME** *Andrew Maris Carothers*

(a) Residence. No. ...., St. ...., Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred *1* yrs. *9* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12-26 1929*

5A. IF MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ HUSBAND OF *Polly Carothers*

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1-30-1862*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*67 10 28*

*(Cerebral) found dead in the garage*  
*200 ft* (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Carpenter*  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) *NO* (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) *Illinois*  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER *Clark Carothers*

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Illinois*  
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER *Rachel Lowrey*

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *E. S. Walker, Coroner*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Illinois*  
(STATE OR COUNTRY)

*12-27-29* (Address) *Clinton Mo*

14. INFORMANT *Mrs. A. M. Carothers*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

(Address) *Clinton, Mo.*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Norris Cemetery* DATE OF BURIAL *12-28 1929*

15. FILED *12/27/1929* *D. E. C. Peelo* REGISTRAR  
*m.c.*

20. UNDERTAKER *Sims Wilkinson* ADDRESS *Ho*

N. E.—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.

*201220*

*29*

*2*

