

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

Do not use this space.

4444

1. PLACE OF DEATH

42 County Henry Registration District No. 347 File No. _____
 Township Leesville Primary Registration District No. SS.01A Registered No. 9
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John S. Carlton
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Helen Carlton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 18 56</u>		
7. AGE <u>75</u>	YEARS <u>8</u>	MONTHS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		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) <u>3 years</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Leeville Mo</u>		
13. NAME <u>James Carlton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know 31</u>		
15. MAIDEN NAME <u>Isabelle Prince</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Andy Shanker</u> (ADDRESS) <u>Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leesville Mo</u> DATE <u>2-3 1932</u>		
19. UNDERTAKER <u>Spore + Son</u> (ADDRESS) <u>Clinton Mo</u>		
20. FILED <u>2/2</u> 19 <u>32</u> <u>Ed C. Peelor</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Feb 2, 1932
 I last saw him alive on 1-18, 1932. Death is said to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of esophagus
91A 460W
 Other contributory causes of importance: (1)

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? Yes
 If so, specify _____
 (Signed) J. S. Shanker, M. D.
 (Address) Clinton Mo

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.

FEB 24 1932

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