

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township David
City (No. _____) _____ St. _____ (Ward)

Registration District No. 355
Primary Registration District No. 5497

File No. 1152
Registered No. 3

2. FULL NAME

Hugh A. Carleton

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. _____ 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

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)

Nov. 25, 1900

7. AGE

YEARS 32

MONTHS 1

DAYS 22

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).

Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Leesville Mo

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

J. E. Carleton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Leesville Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sarah E. Fikes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Benton Co Mo

(STATE OR COUNTRY)

14.

INFORMANT (Address)

J. E. Carleton
Montrose Mo

15.

FILED

2-10, 1933 W.E. Baggerly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 16 1933

17.

I HEREBY CERTIFY, That I attended deceased from

Jan. 14, 1933, to Jan. 16, 1933

that I last saw him alive on Jan. 16, 1933, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute appendicitis

CONTRIBUTORY (SECONDARY)

1216 / 21 (duration) _____ yrs. _____ mos. 3 ds.
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

D DID AN OPERATION PRECEDE DEATH? no - too late DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W.E. Baggerly, M.D.

1-16, 1933 (Address) Montrose Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lebo Cem 1-17 1933

20. UNDERTAKER

ADDRESS

J. Sennarty
Montrose Mo

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.

