

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.

V

MAY 27 1935

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

Do not use this space.

12630

1. PLACE OF DEATH

County Henry  
Township Leesville  
City Leesville (No.         )

Registration District No. 347  
Primary Registration District No. 5501A

File No. 73  
Registered No.           
St.          Ward         

2. FULL NAME

Mary Helen Carleton

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Carleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1859

7. AGE YEARS 75 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
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) Collaway Co Mo

13. NAME Wm Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Caroline Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collaway Co Mo

17. INFORMANT (ADDRESS) Curtis Carleton Leesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebo Cem DATE 4/19 35

19. UNDERTAKER (ADDRESS) Considine & Bests Clinton Mo

20. FILED 6 35 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1935, to 4-18, 1935

I last saw him alive on 4-17, 1935. Death is said to have occurred on the date stated above, at 12:4 p.m.  
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset 4-17-35

1/2

Other contributory causes of importance:  
Influenza & Chronic Bronchitis

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? No  
If so, specify           
(Signed) E. S. Walker, M. D.  
(Address) Clinton Mo

