

REC'D OCT 27 1938

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

33542

Do not use this space.

1. PLACE OF DEATH

(a) County Vermont Registration District No. 475
 (b) Township Washington Primary Registration District No. 6162
 (c) City Nevada (d) Street No. State Hosp #3 Registered No. 237
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herbert Carlin

(a) Residence, No. State Hosp #3 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Jan. 7, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer
 9. Industry or business in which work was done, as 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) Missouri13. NAME Thomas Carlin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia15. MAIDEN NAME Mary Horine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?17. INFORMANT (ADDRESS) Records, State Hosp #318. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp Cemetery DATE Sept 21, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo20. FILED Sept 21, 1938 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to Sept. 19, 1938
 I last saw him alive on Sept. 19, 1938. Death is said to have occurred on the date stated above, at 3:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

9-20-38

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes!!

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) R. H. Patten M. D.(Address) State Hosp #3, Nevada

OFFICER No. 71
7-38-240
District File No. 10-11-38
Date filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed M. E. Terry
Licensed Embalmer No. 1432
P. O. Address Nevada mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.