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

5874
Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH
(a) County Boone
(b) Township or City Columbia
(c) Registration District No. 73
Primary Registration District No. 3006
Registered No. 43
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 JAMES THOMAS CARR
(a) Residence, No. 1602 Hinkson Ave St.
(Usual place of abode, if no street address, write county or city) (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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sally Carr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9, 1863
7. AGE: Years 76 Months 0 Days 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Farmer
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): Callaway County Missouri

FATHER
13. NAME: William Carr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Pollie Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Gleon Carr 1602 Hinkson Columbia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Millersburg DATE Feb. 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Starkey's Columbia, Mo.

20. FILED 2/27/1939 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 — 1937, to Feb. 24 — 1939
I last saw h. — alive on Feb. 23 — 1939. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1937

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. D. Dyer M. D.
(Address) Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Tom McGlary

Licensed Embalmer No. 4087

P. O. Address Columbia Mo

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

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