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.

REC'D JUN 22 1939

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

19334
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON — Registration District No. 609
(b) Township — Primary Registration District No. 4363 — Registered No. 74
(c) City or NEOSHO — (d) Street No. SALE-BOWMAN HOSPITAL 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 642 JAMES ALLISON CARLOCK
(a) Residence, No. NEOSHO MO 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 LULU CARLOCK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 29 1871

7. AGE: YEARS 67 | MONTHS 9 | DAYS 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MIL CLERK
9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
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) HUNTSVILLE ARKANSAS

FATHER
13. NAME DAVID C CARLOCK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WAR EAGLE ARKANSAS

MOTHER
15. MAIDEN NAME MOLLIE SHERRIL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARKANSAS

17. INFORMANT (ADDRESS) Mrs J A Carlock NEOSHO MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOOF CEM. DATE MAY 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ashley Bigham NEOSHO MO

20. FILED 6-5 1939 Omal R. Sale M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 21 1939

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to May 21, 1939
I last saw him alive on May 21, 1939. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
AHN	

Other contributory causes of importance:
Arterior-sclerosis

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

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) Omal R. Sale, M. D.
(Address) Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Donald Reed, Registered Apprentice No. 702 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2689

P. O. Address Neosho Mo

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

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