DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35485

Registration District No. 73 Primary Registration District No. 5112 Registrar's No. 205

1. PLACE OF DEATH:

(a) County Boone Co.

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone Co. Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. (Specify whether years, months or days)

In this community 25 or 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Boone Co. Infirmary
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eppie Eliott Caruthers

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 9 (Month) 4 (Day) 1864 (Year)

8. AGE: Years 75 Months 1 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) ✓ (State or foreign country)

10. Usual occupation Boone Co. Mo.

11. Industry or business Retired Farmer

FATHER
12. Name Thomas Caruthers
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name America Eliott
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature Belden Caruthers

(b) Address Columbia Mo. R.F.D. 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-39 (Month) (Day) (Year)

(c) Place: burial or cremation New Providence

18. (a) Signature of funeral director W H Vandeventer

(b) Address Columbia Mo.

19. (a) 10/10/39 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8 year 1939 hour 12:30 minute Pm. M.

21. I hereby certify that I attended the deceased from Nov 1, 1938, 19__, to 10-8, 1939 that I last saw him alive on 10-, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral haemorrhage	10 min
Due to Arteriosclerosis Has had several cerebral	
Due to accidents day past 2 yrs.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A W Kampschmidt (M. D. or other)

Address Columbia Mo. Date signed 10-9-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

SOM-5-17-39 Rev. 5-17-39 I X19511

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 W. H. Vandeventer,

Licensed Embalmer No. 2494

P. O. Address Columbia, 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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

35485
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township Columbia
(c) City
Registration District No. 73
Primary Registration District No. 5112
Registered No. 205
(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 Effie Elliott Carothers
(a) Residence, No. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE: Years 75 | Months 1 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Boone Co., Mo.

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10/8/ 1937 Allie Dalby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8, 1937

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

	Date of onset

Other contributory causes of importance:

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?
If so, specify
(Signed) A. W. Kampschmidt M. D.
(Address) Columbia Mo.

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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