

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

Do not use this space.

8489

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kann Primary Registration District No. 1002
 City Kansas City Mo (No. 4613 Chestnut) St. _____ Ward _____
 2. FULL NAME Henry Holmes Carter
 (a) Residence No. 4613 Chestnut St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. _____ ds.

File No. _____
 Registered No. 1247
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Carter
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29 1842
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 6
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Bivel Engineer
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) England
 10. NAME OF FATHER Henry Carter
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) England
 12. MAIDEN NAME OF MOTHER Jimmie Holmes
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) England

14. INFORMANT Profiella Hodge
 (Address) 4613 Chestnut
 15. FILED 3/31 27 M. M. Crowe
 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1927
 17. I HEREBY CERTIFY That I attended deceased from Nov 26, 1927 to Nov 28, 1927 that I last saw him alive on Nov 28, 1927, and that death occurred, on the date stated above, at _____ 4 P M

THE CAUSE OF DEATH WAS AS FOLLOWS:
Hypertensive Pneumonia
Broncho
 (duration) _____ yrs. _____ mos. 2 da.
 CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
 (duration) _____ yrs. _____ mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED? _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. J. Jeffers M. D.
3/30, 1927 (Address) 4031 Broadway
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL Mar 31 1927
Wt Washington Cemetery
 20. UNDERTAKER John W Wagner ADDRESS 1402 Grand Ave

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

