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

Do not use this space.

29609

1927

1. PLACE OF DEATH

County: Buchanan

Registration District No.: 85

Township:

Primary Registration District No.: 1001

City: St. Joseph, (No. 702 North 6th. St. Ward)

File No.:

Registered No.: 1066

2. FULL NAME Ada P. Carter,

(a) Residence. No. 702 North 6th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed,

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Charles M. Carter,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	5	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oskosh,
(STATE OR COUNTRY) Wisconsin,

PARENTS

10. NAME OF FATHER John Hunter,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Great Barrington
(STATE OR COUNTRY) Massachusetts,

12. MAIDEN NAME OF MOTHER Dorcas Reed,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Massachusetts,

14. INFORMANT Mrs J. B. Bruce
(Address) 702 North 6th. Street.

15. FILED OCT 18 1927 John G. Wh REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1927, to Oct. 17, 1927, that I last saw h. alive on Oct. 16, 1927, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Coma.

PAO 131 132B

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis.

(duration) 2 to 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Operation and Clinical Symptoms.

(Signed) Guy C. Porter, M. D.

Oct. 18, 1927 (Address) 731 Faraon St. Joseph, Mo.

*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: Mount Mora Cemetery — DATE OF BURIAL: Oct. 18, 1927

20. UNDERTAKER: Heaton-Belt Sol Undertaking Co. by J. H. Stark — ADDRESS: 310 S. 10 St.

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.