

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

Do not use this space.

33191

PLACE OF DEATH

County Sentry
Township.....
City Albany (No.....)

Registration District No. 309
Primary Registration District No. 4185

File No.....
Registered No. 76
St..... Ward.....

2. FULL NAME Milton Riley Carter

(a) Residence No. Lone Star 850 St..... Ward.....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 16-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 1 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Sentry County

10. NAME OF FATHER

Vincent Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER

Rathinecklending

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14.

INFORMANT Gail Carter
(Address) Lone Star

15.

FILED Dec 16 1927 W. H. Martin
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30-1927

17. I HEREBY CERTIFY, That I attended deceased from 11-3-1927, to 11-30-1927 that I last saw him alive on 11-30-1927, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

CONTRIBUTORY (SECONDARY) Prostatism

(duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 11-3-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) W. H. Martin, M. D.

12-1-1927 (Address) Albany 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

DATE OF BURIAL

Carter cemetery

Dec 12 1927

20. UNDERTAKER

ADDRESS

J. R. Shookley

Albany Mo.

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.

THIS IS A PERMANENT RECORD

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