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

Do not use this space.

33465

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 4235

Township Kaw — Primary Registration District No. ..... — Registered No. 4235

City K. C. Mo (No. 3817-E-16 Wesley Hosp St. ..... Ward)

2. FULL NAME Joseph M Carter

(a) Residence. No. 3817-E-16 St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: M
4. COLOR OR RACE: Wl
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15-1903

7. AGE: Years 23 — Months 11 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chef
(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) Mo

PARENTS
10. NAME OF FATHER Joseph F. Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Minnie F. Glasscock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

14. INFORMANT E. L. Carter (Address) ~~3817-E~~

15. FILED 11/8, 1927 1027-E-9th M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1927, to Nov. 7, 1927, that I last saw h. alive on Nov 7, 1927, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
121A
129
117A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) appendicitis
ruptured (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED I do not know
IF NOT AT PLACE OF DEATH? I do not know
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 5 27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. F. Mackey, M. D
11/8, 1927 (Address) Lathrop Bldg

*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: Sedalia Mo — DATE OF BURIAL: Nov 9 1927

20. UNDERTAKER: Rose & Co — ADDRESS: 15th Jackson

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.

H. F. Macky + Russell
726 Lathrop
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3011 end ave — Dr Russell 2.0