

for Williams

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

Do not use this space.

33589

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township North Primary Registration District No. 1002
City Northboro Murray Hoogo

File No. 4360
Registered No. 4360
St. Mo. Ward)

2. FULL NAME Eoline L. Carter

(a) Residence. No. 8724 Mo. Ave St. Mo. 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 Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19 / 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 | 9 | 27 | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy
(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) Osaki - Mo.

10. NAME OF FATHER W.E. Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Maria B. Bunch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT W.E. Carter
(Address) 8724 Mo. Ave

15. FILED 11/17 27 M.M. Lesure
REGISTRAR West

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY that I attended deceased from , 1927, to , 1927.
that I last saw h. alive on , 1927, and that death occurred on the date stated above, at .

THE CAUSE OF DEATH* WAS AS FOLLOWS: Septic Meningitis

79A 71A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH: no DATE OF
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D.

*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.
9:30 AM

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 724 Washington DATE OF BURIAL Nov 17 1927

20. UNDERTAKER Rosales ADDRESS City

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

