

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

Do not use this space.

8636

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No.)

Registration District No. 44
Primary Registration District No. 4211

File No.
Registered No. 13
St. Ward

2. FULL NAME

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

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-6-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>1</u>	<u>10</u>	<u> </u>

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer J. G. Carter & Sons

9. BIRTHPLACE (CITY OR TOWN) Brooklyn
(STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT J. G. Carter
(Address) Edwards Lane

15. FILED Mar 17 1928 REGISTERED J. G. Carter

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March-16-1928

17. I HEREBY CERTIFY That I attended deceased from Mar 10, 1928, to Mar 16, 1928, that I last saw him alive on Mar 16, 1928, and that death occurred, on the date stated above, at 7:18 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation & Hemorrhage
from

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

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?
(Signed) M. D.
, 19 (Address) Windsor 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 Mar 19 1928

UNDERTAKER J. G. Carter
ADDRESS

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.

1928

