CT 22 1928

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

Do not use this space.

29784

1. PLACE OF DEATH 713 Richardson Str.

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001 — File No.

City St Joseph Mo. (No. ..... St. ..... Ward) — Registered No. 1094

2. FULL NAME Alberta Clarrissa Carter

(a) Residence. No. 632 Pendleton 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: Female
4. COLOR OR RACE: Negro
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) July 4 1900

7. AGE: Years 28 — Months — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St Joe, Mo.
(STATE OR COUNTRY) Buchanan

PARENTS

10. NAME OF FATHER James Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt Brown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Stapelton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Atchison Kans
(STATE OR COUNTRY)

14. INFORMANT Martha Stapelton
(Address) 632 Pendleton St

15. FILED 17 1928 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 13 Sept 1928

17. I HEREBY CERTIFY, That I attended deceased from 29 Aug 1928 to 13 Sept 1928, that I last saw h... alive on 13 Sept 1928, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Alcoholism
Mental incompetency
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris
(duration) yrs. mos. 1 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? Clinical

(Signed) C. Shaw, M. D
14 Sept 1928 (Address) 1908 Mercantile St Joe 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: Ashland Cem — DATE OF BURIAL: Sept 17 1928

20. UNDERTAKER: B. F. Graves — ADDRESS: 806 S 17th Str

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.