

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

Do not use this space.

34062

1. PLACE OF DEATH

County Lefayette  
Township Washington  
City Washington (No. ....)

Registration District No. 461  
Primary Registration District No. 3624

File No. 71  
Registered No. ....  
St. .... Ward)

2. FULL NAME

William Henry Carter

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 15, 1892</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>9</u>	DAYS <u>17</u>	If LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired. M.D.</u> (b) General nature of industry, business, or establishment in which employed (or employer) ..... (c) Name of employer .....				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5, 1928  
17. I HEREBY CERTIFY, That I attended deceased from May 1928 to Oct 5, 1928 that I last saw him alive on Oct 5, 1928, and that death occurred, on the date stated above, at 7:40 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arteriosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did an OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS: At R. Paul M. D.

(Signed) At R. Paul M. D.

Oct 5, 1928 (Address) Washington 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.

PARENTS	9. BIRTHPLACE (CITY OR TOWN) <u>Columbia</u> (STATE OR COUNTRY) <u>Mo</u>
	10. NAME OF FATHER <u>Nelson Carter</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Washington</u> (STATE OR COUNTRY) <u>Pa</u>
	12. MAIDEN NAME OF MOTHER <u>Margaret VanAllen</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Frankfort</u> (STATE OR COUNTRY) <u>Ky</u>

14. INFORMANT W. A. Ledwith  
(Address) Lexington Mo

15. FILED Oct 5, 1928 G. W. Coble  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Lexington Mo DATE OF BURIAL Oct 7, 1928

20. UNDERTAKER

Ernest Hegert ADDRESS Lexington 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.

