

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.

JAN 23 1929

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

Do not use this space.  
**40481**  
*B.H.*

1. PLACE OF DEATH  
 County *Jackson* Registration District No. *398*  
 Township *Blue* Primary Registration District No. *3554*  
 City *East Beth* (No. *9517* - East 16th St. St. *416* Ward)

2. FULL NAME *Thomas Harry Mc Carter*  
 (a) Residence No. *9517 - E - 16th St.* Ward. (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 *male* 4. COLOR OR RACE *White* 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) *Aug-24-1891*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<i>17</i>	<i>3</i>	<i>9</i>	

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

10. NAME OF FATHER *Jos. Mc Carter*

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

12. MAIDEN NAME OF MOTHER *Mertie W. Jos*

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

14. INFORMANT *Jos. D. Mc Carter*  
 (Address) *19517-E-16th*

15. FILED *12/16, 1928 F. L. BOOK*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec-3 1928*  
 17. I HEREBY CERTIFY That I attended deceased from *11/30* 19*28*, to *12/3* 19*28*, and that I last saw him alive on *11/30* 19*28*, and that death occurred, on the date stated above, at *1430 P. M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Stomach Pneumonia*  
*Lobar*  
*108*

CONTRIBUTORY (SECONDARY) *10100*  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 0 DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....  
 WAS THERE AN AUTOPSY? *No*  
 3. WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) *F. L. Book* M. D.  
*Dec 3, 1928* (Address) *253 W. 16th 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 *St. Washington* DATE OF BURIAL *Dec 4 1928*  
 20. UNDERTAKER *Mrs. C. A. Torator* ADDRESS *K.C. Mo.*

J. K. Soule