

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

Do not use this space.

8873

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Maple Primary Registration District No. 1002 Registered No. 1252  
 City Stamps City (No. St. Marys Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2316 Tabank 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 24 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 6 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stationary  
 (b) General nature of industry, business, or establishment in which employed (or employer) Engineer  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) York Pa  
 (STATE OR COUNTRY)

10. NAME OF FATHER Louis R Carter

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Perry W Carter  
 (Address) 2329 Cedar

15. FILED 3/21 1930 M. M. Browne REGISTRAR  
Arson

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1929 to Mar 22 1930  
 that I last saw him alive on May 21 1930 and that death occurred, on the date stated above, at 3:10 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myocarditis  
93C  
16?  
 (duration) 1 yrs. mos. ds.

CONTRIBUTORY Senility  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90 B  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical Finding  
 (Signed) J. R. Mylorman M. D.

3/22 1930 (Address) 2855 So. W. 11th Ave

\*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 Joseph Mo DATE OF BURIAL Mar 22 1930

20. UNDERTAKER Mr C L Foster ADDRESS 914 Broadway

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.

34  
2  
31  
28  
28

RECORD

3714 E. Roanoke

Lo 6876