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

Do not use this space.

19 42

File No. 105

Registered No.

1. PLACE OF DEATH
County: Dunklin
Township: Buffalo
City: (No. St. Ward)
Registration District No. 283
Primary Registration District No. 5402

2. FULL NAME: Hershel 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 8th 1929

7. AGE: Years 1 | Months 2 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(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): Dunklin Co Mo

PARENTS
10. NAME OF FATHER: Wm Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Dunklin Co Mo
12. MAIDEN NAME OF MOTHER: Evie Coffel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: Wm Carter
(Address): Cardwell Mo.

15. FILED: 6-11, 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 11th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 5th, 1930 to June 11th 1930 that I last saw him alive on June 9 1930, and that death occurred, on the date stated above, at 3 00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enteroculitis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Colon Infantum
(duration) yrs. mos. 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? None
(Signed) D. A. Porter, M. D
, 19 (Address) Cardwell 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: Smith Cemetery — DATE OF BURIAL: June 12th 1930
20. UNDERTAKER: Leonard & Lindsey — ADDRESS: Cardwell Mo