WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

16770

1. PLACE OF DEATH
County: Scotland
Township: Jefferson
City: (No. ..... St. ..... Ward)
Registration District No. 810
Primary Registration District No. 6055
File No. .....
Registered No. 110

2. FULL NAME: Wallace Gale 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.

MAY 27 1931

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): Apr 2 - 31

7. AGE: YEARS | MONTHS | DAYS: 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Scotland Co Mo

PARENTS
10. NAME OF FATHER: G. F. Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland Co Mo
12. MAIDEN NAME OF MOTHER: Ruth Gunnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland Co Mo

14. INFORMANT: G. F. Carter
(Address): Memphis Mo

15. FILED 4/17, 1931 E. E. Carrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1931, to Apr 11, 1931, that I last saw him alive on April 11, 1931, and that death occurred, on the date stated above, at 5:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Icterus Neonatorum accompanied by umbellical haemorrhage occurring after 8th day of birth (duration) yrs. 16 D mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. 16 D mos. ds.

16 B

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?
(Signed) E. E. Symmonds, M.D.
4/12 1931 (Address) Memphis 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: Antioch Cemetary
DATE OF BURIAL: Apr 12 1931

20. UNDERTAKER: Gertt H Baskett
ADDRESS: Memphis