

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

Do not use this space.

25737

97

1. PLACE OF DEATH

County New Madrid
Township Pleasant
City Pleasant (No. _____) St. _____ Ward _____

Registration District No. 609
Primary Registration District No. 5803

File No. _____
Registered No. _____

2. FULL NAME

Jimmie Carter
(a) Residence, No. near Pleasant St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freddie Masters Carter name Freddie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1901

7. AGE YEARS MONTHS DAYS 30-1901 mo 31 hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 16, 1931 11. Total time (years) spent in this occupation about 3 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near New Madrid

13. NAME Albert Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near New Madrid

15. MAIDEN NAME Maude Massy Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Pleasant

17. INFORMANT (ADDRESS) Albert Carter

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 7-19-1931

19. UNDERTAKER (ADDRESS) R. M. Payne

20. FILED 8/1/31 1931 W. J. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18-1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 7-18-1931, 1931

I last saw him alive on 7-18-1931. Death is said to have occurred on the date stated above, at 12-30 p.m.

The principal cause of death and related causes of importance were as follows:

In Gun shot wounds in head and body
173

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? 2 1/2 miles north west of Pleasant (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury public road
Nature of injury shot in head & body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) R. Lee Williams, M. D.
(Address) Pleasant, Mo

SEP 26 1931

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County New Madrid Registration District No. 604 File No.
Township Lesieur Primary Registration District No. 5-805- Registered No. 97
City (No.) St. Ward

2. FULL NAME Jimmie 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 31 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 4 31

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 19 31

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Shot wound to head & body
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, 2 1/2 mi. North of Pt. Pleasant
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. Lee Williams, M. D.
, 19 (Address) Pt. Pleasant Mo.

9. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Alberth Carter

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Alberth Carter
(Address) Pt. Pleasant Mo.

15. FILED 10/9 1931 REGISTRAR

*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 New Hope Cem. DATE OF BURIAL 7/19 19 31

20. UNDERTAKER R. M. Payne ADDRESS Portageville

SUPPLEMENTARY 173

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

N. B. Exact statement of OCCUPATION is v. IMPORTANT. AGE should be stated EXACTLY. PHYSICIAN should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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