

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

Do not use this space.

**1. PLACE OF DEATH**

County Richman  
Township St Joseph Mo  
City St Joseph Mo

Registration District No. 85  
Primary Registration District No. 1001  
State Hospital # 2

File No. 3813  
Registered No. 1112  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Clinton Mo St., \_\_\_\_\_ Ward. Clinton Mo  
(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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 3 1/2 unknown

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Bookkeeper (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Clinton Mo (STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles Carter

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

12. MAIDEN NAME OF MOTHER Dena Martin

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

14. INFORMANT State Hospital Records (Address) St Joseph Mo

15. FILED 7-19-32 John K. Borden REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1932

17. I HEREBY CERTIFY, That I attended deceased from July 12 1932 to July 19 1932 that I last saw him alive on July 19 1932 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tubercular Hemorrhage  
2 3/4 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo IF AT PLACE OF DEATH \_\_\_\_\_

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

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Tubercular (Signed) J. B. Miles M. D. July 19 1932 (Address) St Joseph 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 Clinton Mo DATE OF BURIAL 7 19 32

20. UNDERTAKER Sporelson ADDRESS Clinton Mo

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.

APR 21 1932

