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

Do not use this space.

10003

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No.

Township CARONDELET — Primary Registration District No. 6248 B — Registered No. 106

City Jefferson Barracks, Mo (No. U.S.V.A. Hospital, Jefferson Barracks, Mo. Ward)

2. FULL NAME Thomas R. Carter

(a) Residence, No. 214 Black Ave., Chaffee, Mos., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. own. 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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
52	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster. 104

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

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Illinois. 2.

FATHER

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable. 21

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable.

17. INFORMANT (ADDRESS) C. H. Smith, Clinical Director. USVA. Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chaffee Mo. DATE Mch. 29, 1932

19. UNDERTAKER (ADDRESS) C. Hoffmeister U & L. Co. 7914 St. Broadway

20. FILED 3/28, 1932 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1932, 19, to March 28, 1932., 19

I last saw him alive on March 28, 1932., 19 Death is said to have occurred on the date stated above, at 12:35 AM.

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

Chronic Myocarditis.

Date of onset

93

Other contributory causes of importance:

1

Name of operation Physical, X-Ray & Laboratory Date of

What test confirmed diagnosis? Findings. 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? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Smith. Acting Medical Officer.

(Address) In Charge. USVA. Hospital, Jefferson Barracks, Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

APR 29 1932