

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

Do not use this space.

11759

1. PLACE OF DEATH

11 County Buchanan Registration District No. 86
 Township Rushway Primary Registration District No. 5127
 City St. Joseph (No.) County Infirmiry St. Ward

File No.
 Registered No. 34

2. FULL NAME William Edward Carter,

(a) Residence, No. 2604 South 13th. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Zora B. Carter,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>1</u>	<u>17</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Bricklayer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Brick 26</u>
	10. Date deceased last worked at this occupation (month and year)	<u>April 1930</u>
	11. Total time (years) spent in this occupation	<u>20</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forbes, Missouri 1

13. NAME Edward Carter, 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 31

15. MAIDEN NAME Pliney Ray,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forbes, Missouri, 1

17. INFORMANT (ADDRESS) Mrs. Wm E. Carter 2604 South 13th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE May 2 - 1931

19. UNDERTAKER (ADDRESS) Heaton, Blyskal & Bauman 319 S. 10th. St. Funeral Home

20. FILED 5-2 1931 J. Bauman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1931 to April 30, 1931
 I last saw h. alive on April 28, 1931 Death is said to have occurred on the date stated above, at 1:30 p. m.

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

apoplexy
arteria sclerosis
 Date of onset

Other contributory causes of importance: arteria sclerosis

Name of operation Date of
 What test confirmed diagnosis? clinical Was there an autopsy?

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) J. W. Myers, M. D.
 (Address) St. Joseph 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.

MAY 23 1932

