

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

Do not use this space.

19773

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
 Township Kass Primary Registration District No. 1002  
 City K.C. Mo (No. 3825 Lairfield) Registered No. 2503  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eva Lisa Carter  
 (a) Residence, No. 3825 Lairfield St., 13 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 5 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME Wichitoro, Hedger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT W. J. Carter  
 (ADDRESS) 2666 E 10th

18. BURIAL, CREMATION, OR REMOVAL PLACE Delalia Mo DATE June 30 1932

19. UNDERTAKER Miss L. Saunter  
 (ADDRESS) K.C. Mo

20. FILED 6/30 1932 M. M. Crowe  
 Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1932

22. I HEREBY CERTIFY that I attended deceased from June 22, 1932 to June 29, 1932  
 last saw her alive on June 29 1932 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:  
June 22, 1932 stroke  
apoplexy or cerebral hemorrhage  
82A  
162  
 Other contributory causes of importance: Senility  
JDA

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Paralysis 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 none  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Jimmy George, M. D.  
 (Address) 2618 Cleveland

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.

MAJIN RESERVED FOR BILING

S. NO. 2

Dr. Payne  
2618 Cleveland