

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

Do not use this space.

1. PLACE OF DEATH

County Culberson
Township Cullen
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 713
Primary Registration District No. 5942

File No. 30094
Registered No. _____

2. FULL NAME

(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 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 Mary E. Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-23-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) Apr. 6 11. Total time (years) spent in this occupation Lif

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leoni 2

13. NAME Carter

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

15. MAIDEN NAME Lee Brown

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

17. INFORMANT Perry Carter (ADDRESS) Leoni

18. BURIAL, CREMATION, OR REMOVAL PLACE Leoni DATE 9/13 1932

19. UNDERTAKER Frank Galt (ADDRESS) Leoni

20. FILED 9/12 1932 et al Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12- 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3rd 1932 to Sept. 12th 1932

I last saw him alive on Sept. 3rd 1932 Death is said to have occurred on the date stated above, at 5 P. M.

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

Chronic Valvular Heart Date of onset 1920

Other contributory causes of importance: 92A 120

Name of operation Spinal Date of _____

What test confirmed diagnosis? Spinal Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury 9 1932

Where did injury occur? Yes (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Yes

Nature of injury Yes

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

If so, specify C. G. Talbot

(Signed) C. G. Talbot M. D.

(Address) Waynesville, Mo.

