

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.

NOV 28 1932

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

Do not use this space.

32018

1. PLACE OF DEATH  
 39. County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 6439  
 3 City Springfield No. #5 Registered No. 744  
 5 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME W. Sherman Carter  
 (a) Residence, No. Springfield St. #5 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 Gloria Carter  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1869  
 7. AGE YEARS 63 MONTHS 7 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 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. Farm  
 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.  
 MOTHER 13. NAME Hazem Carter  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont  
 15. MAIDEN NAME Elizabeth Banfield  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT H. R. Carter Mo.  
 (ADDRESS) Springfield  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Grundy DATE Nov 1  
 19. UNDERTAKER J. W. Shugart & Co.  
 (ADDRESS) Springfield, Mo.  
 20. FILED 10-31 1932 Ralph H. Tangen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1932  
 22. I HEREBY CERTIFY, That I attended deceased from June 1 1926 to Oct 30 1932  
 I last saw him alive on Oct 30 1932 Death is said to have occurred on the date stated above, at 11:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Sclerosis. Date of onset 6/1-26  
995  
JW  
 Other contributory causes of importance:  
Epileptiform Convulsions  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsied 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) Joseph D. Sawyer M. D.  
 (Address) Springfield Mo

