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

Do not use this space.

38966

File No. 43

Registered No. 84

1. PLACE OF DEATH

County Clinton

Township Concord

City Plattsburg (No. ..... St. ..... Ward)

Registration District No. 207

Primary Registration District No. 4123

2. FULL NAME Samuel Luther Carter

(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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Polly S. Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 28 1865

7. AGE: Years 67 | Months 3 | Days 13 | 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.:

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): Plattsburg Mo

FATHER

13. NAME: Luther Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barbour County Va

MOTHER

15. MAIDEN NAME: Martha J. Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs Polly S. Carter Plattsburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plattsburg DATE 12-12 1932

19. UNDERTAKER (ADDRESS): Felix O'Brien Plattsburg Mo.

20. FILED 12/12 1932 C. W. Chastain Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 11th, 1932

I last saw him alive on Dec 4, 1932. Death is said to have occurred on the date stated above, at 4 a m.

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

	Date of onset
Cerebral Hemorrhage	Dec 1-32
82A	
99	
4M2	

Other contributory causes of importance:

Arteriosclerosis	
Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No.

If so, specify .....

(Signed) J. K. Lobb D.O. M.D.

(Address) Lathrop Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

JAN 22 1933