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.

9775

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 3212 Garfield St. ; Ward)

File No.:

Registered No.: 1270

2. FULL NAME: Jack Nelson Carter

(a) Residence, No. 3212 Garfield St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31st. 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	4	22	

OCCUPATION

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

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) Kansas City
(STATE OR COUNTRY) Missouri

FATHER

13. NAME R.N. Carter

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

MOTHER

15. MAIDEN NAME Nellie Lyons

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

17. INFORMANT R.N. Carter
(ADDRESS) 3212 Garfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE 3/25/33 19

19. UNDERTAKER L.F. Mayberry
(ADDRESS) City

20. FILED 3-24 1933 M.M. Crowe
Asst. Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23rd. 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1933, to 3-23, 1933

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 4.32 P m.

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

	Date of onset
B Paralytic Ileus	3-23-33
A	
C	
D	

Other contributory causes of importance:

ac. Pharyngitis	3-8-33
Otitis media	3-11-33

Name of operation Date of

What test confirmed diagnosis? Physical findings 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) H.C. Berger M.D., M. D.
(Address) 1306 Professional Bldg.