

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.

MAY 22 1933

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

Do not use this space.

12833

1. PLACE OF DEATH -  
 31 County Davies Registration District No. 255  
 7 Township Culfax Primary Registration District No. 4755  
 1 City Winsten (No. ....) St. .... Ward .....

2. FULL NAME Arthur Grack 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 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 Phoebe Carter  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/28/1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
57 20

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) Davies Co

FATHER  
 13. NAME Robert Carter

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

MOTHER  
 15. MAIDEN NAME Mary Crutchfield

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

17. INFORMANT (ADDRESS) Carl Carter

18. BURIAL, CREMATION, OR REMOVAL PLACE Winsten DATE 4/18 1933

19. UNDERTAKER (ADDRESS) Mrs. I. E. Stroup

20. FILED 4/18 1933 Fred. R. Wilson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17 1933

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1933 to April 17, 1933  
 I last saw him alive on April 17, 1933 Death is said to have occurred on the date stated above, at 2<sup>10</sup> a.m.  
 The principal cause of death and related causes of importance were as follows:

Aortic aneurysm

Date of onset

Not known but included to be 1931

Other contributory causes of importance:

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

What test confirmed diagnosis Phys. E. May 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) Fred. R. Wilson, M. D.(Address) Winsten, Mo

