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.

MAY 22 1933

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

Do not use this space.

13960

1. PLACE OF DEATH
County Mississippi
Township
City East Prairie, Mo. (No. ..... St. ..... Ward)

Registration District No. 567
Primary Registration District No. 4334

File No.
Registered No. 20

2. FULL NAME Joseph Edward Carter
(a) Residence, No. East Prairie, Mo. 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 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 Sudie Carter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 - 1863
7. AGE YEARS 70 MONTHS 2 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant
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) Mayfield Ky.

FATHER
13. NAME Callas Newton Jasper Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Rhodia Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield, Ky.

17. INFORMANT (ADDRESS) Mrs. Sudie Carter East Prairie, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Milburn, Ky. DATE April 7 1933
19. UNDERTAKER (ADDRESS) Irvin Shelby East Prairie, Mo.
20. FILED April 6 1933 Duff M. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1933
22. I HEREBY CERTIFY, That I attended deceased from Mch 16, 1933, to Apr 6, 1933
I last saw him alive on Apr 5, 1933. Death is said to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
82 a
Date of onset
Other contributory causes of importance:
Arterio sclerosis
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? .....
If so, specify .....
(Signed) Geo W. Whitaker, M. D.
(Address) East Prairie Mo