

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

Do not use this space.

**19141**

**1. PLACE OF DEATH**

County Greene  
Township Center  
City Van Buren (No. ....)

Registration District No. 1413  
Primary Registration District No. 5205

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME L. A. Carter**

(a) Residence, No. Van Buren St. .... Ward. ....  
(Usual place of abode)

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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 19, 1893  
7. AGE YEARS 39 MONTHS 10 DAYS 7 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Young Man  
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

13. NAME Alexander Carter

14. BIRTHPLACE (CITY OR TOWN) Van Buren (STATE OR COUNTRY)

15. MAIDEN NAME Rose

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

17. INFORMANT Leroy Hays (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Van Buren DATE June 13, 1933

19. UNDERTAKER Rich & Hedges with (ADDRESS) Piedmont, Mo.

20. FILED 6-13, 1933 W. Cotton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 8:30 PM.

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

Fracture of Skull  
due to auto accident  
on Current River bridge

Other contributory causes of importance:

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

What test confirmed diagnosis?..... 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 6-11-33

Where did injury occur? Van Buren, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto Mv R

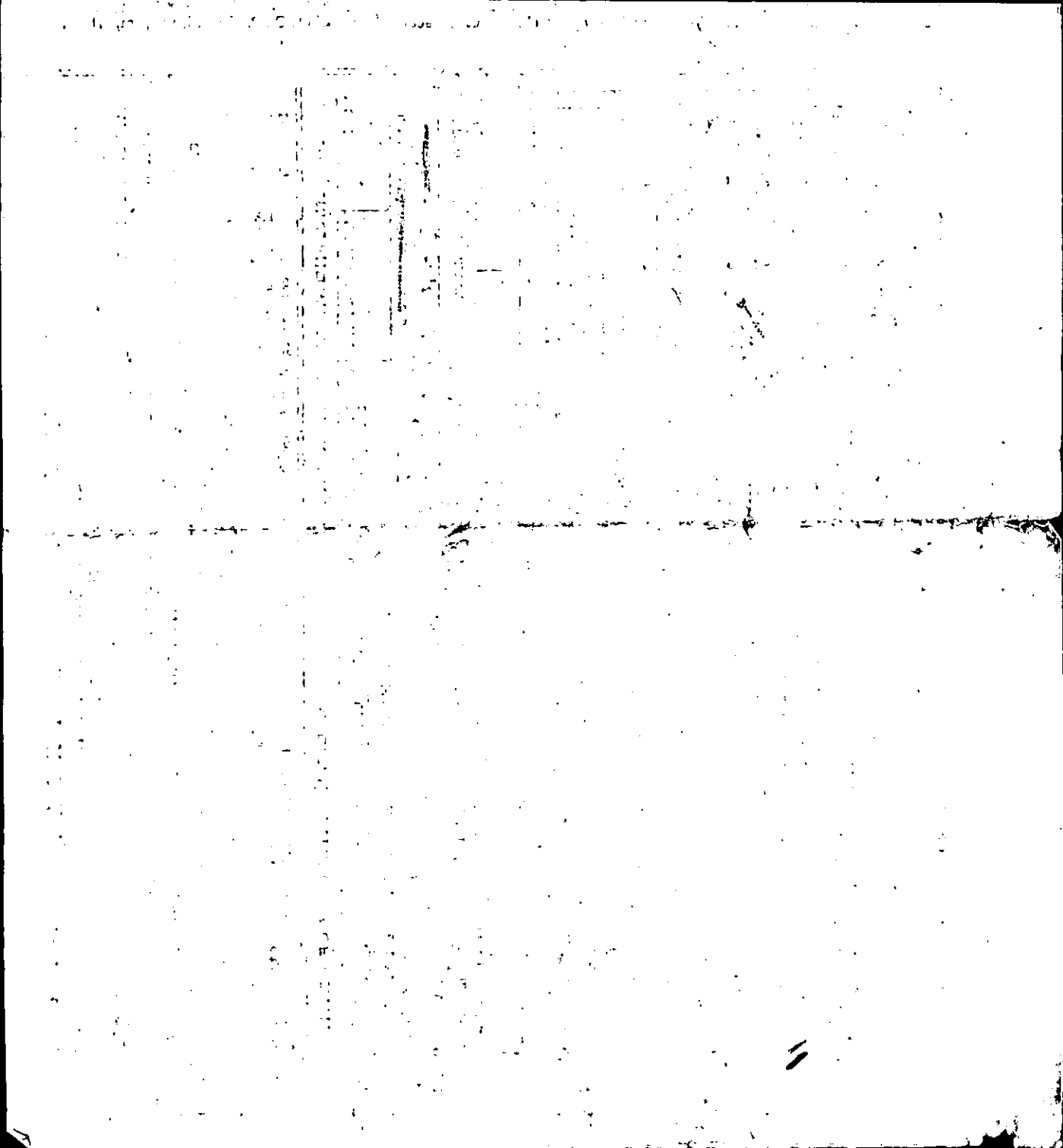
Nature of injury fracture Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) W. Cotton M-D:

(Address) Van Buren, Mo



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ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Wright  
Township Barber  
City Barber (No. ....)

Registration District No. 143  
Primary Registration District No. 2203

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE DATE 19				
19. UNDERTAKER (ADDRESS)				
20. FILED 19				

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the day stated above, at ..... m.

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

Fracture of skull due to auto accident Date of onset 2/10

Carter was standing on

engineering board of crane

which collided with disolved

loaded truck standing on

bridge at Van Buren hwy.

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) ..... , M. D.  
(Address) .....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

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