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

Do not use this space.

23382

File No. 23382
Registered No. 3088

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City (No. 3136 Grand Ave St. ..... Ward)
Registration District No. 559
Primary Registration District No. 3088

2. FULL NAME: Anna E. Carter
(a) Residence, No. 3136 Grand Ave 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. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John S. Carter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5-1867
7. AGE: Years 66 Months 1 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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): Ill

FATHER
13. NAME: No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Jno. S. Carter 3136 Grand Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Hope KC DATE: July 19 33
19. UNDERTAKER (ADDRESS): Mrs. C. L. Forster 918 Brooklyn ave
20. FILED: July 30 19 33 M. M. Cornell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28 1933
22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to July 28, 1933
I last saw him alive on July 28, 1933. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/27/33
956	
908	

Other contributory causes of importance:
Myocarditis chronic

Name of operation: none Date of: ..... What test confirmed diagnosis? none 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? No
If so, specify
(Signed) Glen H. Bayles M. D.
(Address) 1732 Cunningham Blvd

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

Dr. [illegible] Broyles
Professional Bldg
Vi 4222