

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.

NOV 10 1933

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

Do not use this space.

262838

1. PLACE OF DEATH

County Howell
Township Chapin, Mo.
City Chapin, Mo.

Registration District No. 384
Primary Registration District No. 5535-

File No. 68
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Harrison McCallow Carter

(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1867

7. AGE YEARS 71 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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) Unionville, Mo

13. NAME Quack M. Carter

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

15. MAIDEN NAME Mahela Shoemaker

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

17. INFORMANT Mrs. H. M. Carter
(ADDRESS) Chapin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Cemetery 8-13-33

19. UNDERTAKER West Plains
(ADDRESS) West Plains, Mo

20. FILED 8-10-, 1933 OPA Neunicht
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-0-, 1932, to 7-31-, 1933

I last saw him alive on 7-31-, 1933 Death is said to have occurred on the date stated above, at 7:15 p. m.

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

Cerebral thrombosis
Chronic mitral regurgitation
Chronic myocarditis
Date of onset 7-27-33

Other contributory causes of importance:
exam 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 _____, 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) E. Claude Bohrer, M. D.
(Address) West Plains, Mo

33-8-2
62-5-3

71-2-29