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

Do not use this space.

29520

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 282
City Indep. Mo. (No. ... St. ... Ward)

2. FULL NAME Wm Henry Carter
(a) Residence, No. 103 So Pendleton St Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

48 5 2

OCT 20 1933

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 Nina Alma Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1881

7. AGE: YEARS 53 — MONTHS 2 — DAYS 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) May 1932
11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Kans.

FATHER
13. NAME Wm H. Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Knowe Kans

MOTHER
15. MAIDEN NAME Jane Keithly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Knowe Mo.

17. INFORMANT (ADDRESS) Mrs. Nina Carter 103 So Pendleton

18. BURIAL, CREMATION, OR REMOVAL Woodlawn DATE Sept 18, 33

19. UNDERTAKER (ADDRESS) C. D. Carson Indep. Mo.

20. FILED Sept. 7, 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to Sept 6, 1933
I last saw him alive on Sept. 6, 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:
Cerebral Hemorrhage — Date of onset 9-4-33
8 A
Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation ... Date of ...
What test confirmed diagnosis? [illegible] 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) [illegible], M. D.
(Address) Independence Mo.

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.

V. S. NO. 2