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.

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

Do not use this space.

36917

File No.

Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411

Township: Sheffena — Primary Registration District No.: 2002

City: Joplin (No. 2005, Main St., Ward)

2. FULL NAME: Garrard Edward Carter

(a) Residence, No. 2006 Annie Baxter St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Emma Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 22, 1870

7. AGE: Years 62 — Months 11 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mo State Highway Com.

10. Date deceased last worked at this occupation (month and year): 11-27-33

11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER

13. NAME: Richard Alvin Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Margaret Clifton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs. Emma Carter, 2006 Annie Baxter, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Fairview Cemetery DATE Nov. 29, 1933

19. UNDERTAKER (ADDRESS): Lanphier Mortuary, Joplin, Missouri

20. FILED 11-28, 1933 — Ed S. Jones, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933, to Nov 27, 1933

I last saw him alive on Nov 27, 1933. Death is said to have occurred on the date stated above, at 10:10 Am.

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

Heart block

Date of onset

Other contributory causes of importance: Gave history of Pulmonary insufficiency for number of years

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?

If so, specify:

(Signed) W. A. Hogan, M. D.

(Address) Carthage