

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

Do not use this space.

41157

File No. \_\_\_\_\_  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Clair Registration District No. 764  
Township Osage Primary Registration District No. 6508  
City Marion Springs (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. 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 male 4. COLOR OR RACE white 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) Sept. 11, 1926  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
7 3 21

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) Marion Springs, St. Clair

13. NAME James P. Carter  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage, Missouri

15. MAIDEN NAME Perta M. Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates County, Mo

17. INFORMANT Perta M. Warrick  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Crem. Cem. DATE Dec. 23, 1933

19. UNDERTAKER F. B. Goodwin  
(ADDRESS) Osage

20. FILED Dec 30, 1933 George Alexander  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1933  
22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1933, to Dec 22, 1933.  
I last saw him alive on Dec 22, 1933. Death is said to have occurred on the date stated above, at 3:45 p. m.  
The principal cause of death and related causes of importance were as follows:

105B  
Not known  
Other contributory causes of importance:  
Laryngismus stridulus 12-20-33  
Laryngismus stridulus  
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) W. H. Lewis M. D.  
(Address) Appleton City, Mo

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.

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MAR 20 1934



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

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
County Clay Registration District No. 764  
Township Page Primary Registration District No. 6008  
City                      (No.                     ) St.                      Ward                       
File No.                       
Registered No. 5

2. FULL NAME Robert Carter Bobbie Lee Carter  
(a) Residence, No.                      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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 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) September 1<sup>st</sup> 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>7</u>	<u>7</u>	<u>3</u>	<u>21</u>	<u>                    </u>

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) Monegan Springs  
(STATE OR COUNTRY) Missouri

13. NAME James R Carter

14. BIRTHPLACE (CITY OR TOWN) Oscoda  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Peta Margaret Moore

16. BIRTHPLACE (CITY OR TOWN) Hunter  
(STATE OR COUNTRY) Missouri

17. INFORMANT (Mrs.) Peta Carter  
(ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton Osceola Cemetery DATE Dec 23 1933

19. UNDERTAKER H. B. Goodrich  
(ADDRESS)                     

20. FILED Feb 10 1934 / Peta M. Carter  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1933

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 date stated above, at                      m.  
The principal cause of death and related causes of importance were as follows:  
                      
Date of onset                     

Other contributory causes of importance:  
                    

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)                     

(Filed by Geo. Alexander in December.)

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