

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

Do not use this space.

20581

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 20581
 Township Jefferson Primary Registration District No. 1299 Registered No. 311
 City St. Louis (No. General Hospital #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 2407 E 29th St., Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-23-1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hra. or ...min.
	<u>26</u>	<u>7</u>	<u>26</u>	<u>X</u>

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

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) Okla.

MOTHER FATHER

13. NAME Thomas Carter

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

15. MAIDEN NAME Dora Link

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

17. INFORMANT Record Clerk (ADDRESS) General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem DATE 6-23-1934

19. UNDERTAKER H B Moore (ADDRESS) 1820 E 18th St

20. FILED 6/22 34M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-15 1934, to 6-19 1934

I last saw him alive on 6-19 1934 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:
Generalized Peritonitis Date of onset 10:55
10:55
10:55
10:55

Other contributory causes of importance:
Appendical Abscess
Ruptured Post-Operated

Name of operation Appendical Abscess Date of 6/19/34

What test confirmed diagnosis Clinical 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) B. O. Tysner, M. D.
 (Address) General Hosp. #2

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.

REPRODUCED FROM THE ORIGINAL RECORD WITH CHANGING INK—THIS IS A PERMANENT RECORD

JUL 17 1934

9-6-86

1833-9-16
1934-6-22
12-21