WRITE PLAINLY, WITH BINDING 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.

REC'D NOV 13 1934

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

Do not use this space.

File No. 35241
Registered No. 1124

1. PLACE OF DEATH
County: Buchanan
Registration District No.:
Township:
Primary Registration District No.:
City: St Joseph Mo (No. ..., State Hosp #2 St. ... Ward)

2. FULL NAME: Charles Carter
(a) Residence, No. 2200 E 13th St., K. C. Mo 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

3. SEX: M
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Seperated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1866

7. AGE: YEARS 68 | MONTHS Unknown | DAYS | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Unknown Tennessee

FATHER
13. NAME: Albert C. Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

MOTHER
15. MAIDEN NAME: Dowdson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Alabama

17. INFORMANT (ADDRESS): State Hosp Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: KC Mo DATE: 10-3- 1934

19. UNDERTAKER (ADDRESS): K. C. Emb & Casket Co. 446 State Ave K.C. M.

20. FILED: 10-4 1934 John R Bender M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934, to Oct 2, 1934
I last saw him alive on Oct 2, 1934. Death is said to have occurred on the date stated above, at 9:35 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 27-34
10 8	
1034	

Other contributory causes of importance:
Senile

Name of operation: None Date of:
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury: , 19
Where did injury occur? None
(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: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) E Miles, M. D.
(Address) State Hosp No 2 St Joseph Mo.