

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

Do not use this space.

JAN 14 1935

**1. PLACE OF DEATH**

County Bettler  
Township \_\_\_\_\_  
City Poplar Bluff (No. Brandon Hosp.)

Registration District No. 89  
Primary Registration District No. 3007

File No. 42137  
Registered No. 272  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elvin E. Carter  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Naylor Mo.  
(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31 - 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
16 8 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm  
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) Ripley Co. Mo.

FATHER  
13. NAME Jose Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Co. Mo.

MOTHER  
15. MAIDEN NAME Effie Langley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo.

17. INFORMANT (ADDRESS) Naylor Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eaton DATE 12-28-34

19. UNDERTAKER (ADDRESS) Frank Und Co. Poplar Bluff Mo.

20. FILED 12/28, 1934 D. C. Cartwright Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

52 number 4 shots, from 12 gauge shot gun, returned in the eye. Date of onset 12-26-34

Other contributory causes of importance: 764

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? ACCIDENT Date of injury 12-26, 19-34  
Where did injury occur? Naylor, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Public place.  
Manner of injury Shot and charge entered  
Nature of injury 52 #4 shot returned.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Richard Key M.D.  
(Address) Poplar Bluff 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.

