

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.

MAY 29 1935

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

Do not use this space.

13330

1. PLACE OF DEATH

County Johnson Registration District No. 427
Township Kingville Primary Registration District No. 5583
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME Bert Carter

(a) Residence, No. Kingville Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl E. Carter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 - 1892</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>11</u>	DAYS <u>15</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Building laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Building</u>		
10. Date deceased last worked at this occupation (month and year) <u>Sept. 1934</u>		11. Total time (years) spent in this occupation <u>11 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
13. NAME <u>Albert J. Carter</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis</u>	
15. MAIDEN NAME <u>Dont Know</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
17. INFORMANT (ADDRESS) <u>Mrs Bert Carter Kingville Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>Apr 27/35</u>	
19. UNDERTAKER (ADDRESS) <u>John H. Murray</u>	
20. FILED <u>Apr. 29, 1935</u> <u>D. A. Whitely, Jr. SR</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1935 to Apr. 27, 1935
I last saw him alive on Apr. 27, 1935. Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:
Acute Indigestion Date of onset 1/8/35

Other contributory causes of importance:
Operated last Sept. for accidental injury. Had not been well since that time.

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) Edward Andrews, M. D.
(Address) Holden, Mo.

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

Do not use this space.

1. PLACE OF DEATH

County Johnson Registration District No. 427
 Township Marquette Primary Registration District No. 2583
 City (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 19

2. FULL NAME

Bert 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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 11 15

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED June 17 1935 J. C. Murray, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 27 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him 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:

Acute indigestion Date of onset _____

Other contributory causes of importance:

operated last Sept. for accidental injury had not been well since

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? Accident Date of injury Sept. 1934

Where did injury occur? Independence, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell from a building

Nature of injury injury to urinary bladder

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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.

SUFFERING

JUN 4 1935

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