JAN 3 1935

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

Do not use this space.

40516

1. PLACE OF DEATH
County Lemiscott — Registration District No. 114 — File No. 36
Township Gadad — Primary Registration District No. 5869 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Geo Carter
(a) Residence, No. ..... 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: Blk.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Miss

FATHER
13. NAME Dan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken

MOTHER
15. MAIDEN NAME Judia Coleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Lucendia Carter Portageville R-3 B.86 Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cloverhill DATE 12-14 1935

19. UNDERTAKER (ADDRESS) Hill Bros Lilbourn Mo.

20. FILED Dec 28, 1935 Mary W. Cooker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/22, 1935, to 12/13, 1935
I last saw him alive on 12/13, 1935. Death is said to have occurred on the date stated above, at 9 55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poison.	

Other contributory causes of importance: Chronic Nephritis.

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) J. W. Bess, M. D.
(Address) Portageville Mo

WRITE PLAINLY, WITH UNFADING 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.

100-11-24-33