MAY 14 1936

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

Do not use this space.

14967

1. PLACE OF DEATH
County Hickory
Township Wheatland
City Wheatland Mo
Registration District No. 365
Primary Registration District No. 5511
File No. 4
Registered No.
St. Ward)

2. FULL NAME Dr. Robert Lee 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 wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1866

7. AGE YEARS 70 MONTHS — DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
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. Dentist
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) Missouri

FATHER
13. NAME Chas C Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mattie Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Janie Carter Wheatland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Larned Cem DATE 4/6 1936

19. UNDERTAKER (ADDRESS) J R Lucky Wheatland Mo

20. FILED Apr. 4 1936 Mrs. A. S. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from April -1- 1936, to April 4, 1936
I last saw him alive on April 3 1936 Death is said to have occurred on the date stated above, at 2:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4-1-36

Other contributory causes of importance:
Chronic Bronchitis and Myo-Carditis

Name of operation — Date of —
What test confirmed diagnosis? Phys. Exam. 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) A. S. Johnston, M. D.
(Address) Wheatland 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.