

MAY 19 1936

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

Do not use this space.

15408

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1122)

Registration District No. 399
Primary Registration District No. 1002
Montgall

File No. _____
Registered No. 1000
St. _____ Ward _____

2. FULL NAME Ruth Carter

(a) Residence, No. 1122 Montgall 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 4 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Ind.

13. NAME Edwin Carter

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Donald S. Carter
Denver Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Apr 7 1936

19. UNDERTAKER (ADDRESS) Mr C J Spolster
922 Broadway

20. FILED Apr 6 1936 M. M. Crone
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him _____ give on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Cerebral sclerosis Date of onset _____
Chronic kidneys hyper-oxidation

Other contributory causes of importance: 930

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there a 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 of any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature], M. D.

(Address) [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.

