

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.

SEP 18 1936

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

Do not use this space.

29918

1. PLACE OF DEATH

County Buchanan
Township St. Joseph,
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. 1003 Grand Ave.

File No. _____
Registered No. 1021
St. _____ Ward _____

2. FULL NAME

Thomas Edward Carter

(a) Residence, No. 1003 Grand Ave. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 3 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 Male 4. COLOR OR RACE White 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) June, 4, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
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) St. Joseph, Mo.

13. NAME Thomas J. Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver, Colo.

15. MAIDEN NAME Bernice Friede
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT (ADDRESS) Thos. J. Carter
1003 Grand Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aghland Cemetery DATE Aug. 8, 1936

19. UNDERTAKER (ADDRESS) Walter Meierhoffer
1302 Faraon St. St. Joseph, Mo.

20. FILED Aug 10 1936 A. J. Kettleback
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/6/36 to 8/7/36

I last saw him alive on 8/7/36 1936. Death is said to have occurred on the date stated above, at 8.50 m. P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Aug 7
Double 76

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? No
If so, specify _____
(Signed) Walter Meierhoffer M. D.
(Address) 216 1/2 West Mo. Ave. St. Joseph, Mo.

