MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 8805

Township ..... Primary Registration District No. 1003 ..... Registered No. 2294

City St Louis (No. Missouri Pacific Hosp St. 1 Ward)

2. FULL NAME Joseph Carter

(a) Residence, No. ..... St., N R Ward. Hurst, Ill
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
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OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Pacific R.R.

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) Tennessee

FATHER

13. NAME J. W. Carter

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

MOTHER

15. MAIDEN NAME Eleanor Clayton

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

17. INFORMANT (ADDRESS) A. F. Thomas Hurst, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hoxey, Arkansas DATE 2/24/37

19. UNDERTAKER (ADDRESS) Robert J. Ambruster Clayton Road at Concordia Lane

20. FILED FEB 25 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937, to Feb 23, 1937

I last saw him alive on Feb 23, 1937 Death is said to have occurred on the date stated above, at 3 4/p m.

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

	Date of onset
Perforated Gastric Ulcer	2-21-37

Other contributory causes of importance:
Generalized Peritonitis

Name of operation Exploratory Laporotomy Date of 2-22-37

What test confirmed diagnosis? Operation. 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) W. A. Castles, M. D. 1, M. D.
(Address) Mo Pac Hosp

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.

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