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.

AUG 11 1937

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

Do not use this space.

26200

1. PLACE OF DEATH
County Jackson
Township Law
City Kansas City (No. 1009 E. 21st St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2913

2. FULL NAME Wesley Carter
(a) Residence, No. 1009 E. 21st 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 Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1885
7. AGE YEARS 52 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick layer
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) Mo.

FATHER
13. NAME Joseph Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Sallie Irvin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ollie Orme 1009 E. 21st.
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7/7 1937
19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia
20. FILED July 7, 1937 M. McGowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul 4 - 37, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19 to , 19
I last saw alive on , 19 Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:
Hypertensive Myocarditis
93c
Date of onset

Other contributory causes of importance:

Name of operation Autopsy 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) Russell W. Fox, M. D.
(Address) R Cun