

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.

OCT 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Morgan
Morgan
(No. 2)

Registration District No.

Primary Registration District No.

5985772
4355

File No.

Registered No.

34838

36

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

Ward.

(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.

John Herman Carter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF

~~WIFE OF~~

Ozell Bowen

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

May 13-1901

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

36

4

15

OCCUPATION

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

Shoe Factory Work

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)

Morgan Co. Mo.

13. NAME

John A. Carter

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

Iowa

15. MAIDEN NAME

Phody Cooper

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

Morgan Co. Mo.

17. INFORMANT

(ADDRESS)

Mrs. Sherman Carter
Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Versailles

DATE

Sept 20, 1937

19. UNDERTAKER

(ADDRESS)

W. F. Kidwell
Versailles, Mo.

20. FILED

Sept 29, 1937

W. H. Hutt

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 28, 1937*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on

to have occurred on the date stated above, at *9:30 A.M.*

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

Came to his death by gun shot wound by unknown hands (jury verdict)

Date of onset

Other contributory causes of importance:

Name of operation

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

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) *J. S. Bridger, M.D.*

(Address) *Versailles, Mo.*

Greater Mo

