

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Keytesville
City Keytesville (No. _____)

Registration District No. 171
Primary Registration District No. 4100

File No. 37409
Registered No. 37
St. _____ Ward _____

2. FULL NAME William Carter

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 8 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. section hand

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) Ray County Mo.

13. NAME Max Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don's farm

15. MAIDEN NAME Don's farm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don's farm

17. INFORMANT (ADDRESS) Tom Carter
Keytesville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keytesville Mo DATE Oct 21st 1937

19. UNDERTAKER (ADDRESS) Ryd & Barnett
Keytesville Mo

20. FILED 10/23 1937 Mrs. Ray Lambie Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 saw him awake I last saw him with alive on Oct 18 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows: leaving jugular vein cut at artery with a razor - suicide

Other contributory causes of importance: He had heart stroke several years. cause 100

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 10-18-1937

Where did injury occur? at his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Keytesville, Mo.

Manner of injury razor cut Nature of injury leaving jugular vein

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) W. J. Allmon M. D. (Address) Keytesville

Exact statement of OCCUPATION is very important. 333 31 31

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