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.

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

NOV 19 1937

Do not use this space.

1. PLACE OF DEATH

County Monroe — Registration District No. 580 — File No. 38285

Township Union — Primary Registration District No. 5777 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Cowson Theodore Carter

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ida Brock Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/5/1858

7. AGE: YEARS 78 — MONTHS 11 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Franklin Co. Va

FATHER

13. NAME John Henry Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Va

MOTHER

15. MAIDEN NAME Mary Webb

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

17. INFORMANT (ADDRESS) Joe Carter Madison Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pleasant DATE Oct 26 1937

19. UNDERTAKER (ADDRESS) Fred Thompson Madison Mo

20. FILED 10/25 1937 Mrs Fred Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 1932 to Oct. 24 1937

I last saw him alive on Oct 24 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

	Date of onset
acute myocarditis	Oct 15

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Other contributory causes of importance:

Chronic myocarditis	years
" Nephritis	"
Hypertension	"

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? ..... 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) T R Turner D.O. M.D.

(Address) Madison Mo.