

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

Do not use this space.

DEC 2 11937

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3079
 City Hannibal (No. 806, Lindell) St. _____ Ward _____

File No. 41844
 Registered No. 324

2. FULL NAME

Chester Dean Carter, Jr.
 (a) Residence, No. 806 Lindell 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 3 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 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) Hannibal (STATE OR COUNTRY) Missouri

13. NAME Chester Dean Carter, Sr.

14. BIRTHPLACE (CITY OR TOWN) Pettis County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mildred Elsie Hambley

16. BIRTHPLACE (CITY OR TOWN) No data (STATE OR COUNTRY) _____

17. INFORMANT Mr R D Carter (ADDRESS) 806 Lindell Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE November 1, 1937

19. UNDERTAKER Tom M Smith (ADDRESS) 102 1/2 Olive Hannibal, Mo

20. FILED Nov 2, 1937 Th C Fischer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:10 a.m.

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

S. A. Bi-lateral Pulmonary Ibc.
 Other contributory causes of importance: Toxic Myocarditis
 Date of onset _____

Name of operation _____ 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) J. K. Richmond, M. D.
 (Address) 1001 Broadway

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.

64
18

31

