

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

64 County Maion Registration District No. 547 File No. 7402
 15 Township Maion Primary Registration District No. 3079 Registered No. 37
 5 City Hannibal (No. Levening Hospital) St. Ward

2. FULL NAME

Robert Lee Carter 536
 (a) Residence, No. 2331 Market 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) Jan. 21, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Hannibal Mo13. NAME Henry C. Carter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Hazel Marie Brandon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Henry C. Carter
(ADDRESS) 2331 Market St Hannibal Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet Cem. DATE Jan. 21st, 193819. UNDERTAKER James Adfornell
(ADDRESS) Hannibal Mo20. FILED 78 1938 J. C. G. G. G.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21st, 1938

22. I HEREBY CERTIFY That I attended deceased from

, 19 , to , 19 .I last saw h alive on , 19 . Death is saidto have occurred on the date stated above, at 9:35 am.

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

Still born Date of onset

Other contributory causes of importance:

Probably from toxic Nephritis of motherName of operation None Date of What test confirmed diagnosis? Was there an autopsy? Yes

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) , M. D.(Address) 113 S. Main

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

