

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 12
2014-22-36
I X314

1938
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

Do not use this space.

REC'D JUL 7 1938

22978

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township Carondelet Primary Registration District No. 260
 City Rock Hill (No. 636) St. Ward

2. FULL NAME Lineoly Carter
 (a) Residence, No. 2027 Walnut 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. 9 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
Registered No. 1104

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-97

7. AGE YEARS 41 MONTHS 3 DAYS 21
 If LESS than 1 day,hra. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (general)

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Point Mississippi

13. NAME Boston Carter

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

15. MAIDEN NAME Virgie ?

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1937 to 6-26, 1938
 I last saw him alive on 6-25, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1936
23W
 Other contributory causes of importance: tuberculosis of the ?
Intestine

Name of operation (Spermin) Date of
 What test confirmed diagnosis? X Ray Was there an autopsy? yes

17. INFORMANT Rock Hospital Record
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cemetery DATE 6/28, 1938

19. UNDERTAKER (ADDRESS) Paul Murphy & Co
3422

20. FILED JUN 28 1938
J. C. Murphy, D.D.P. Registrar

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) Paul Murphy, M. D.
 (Address) Rock Hill

