

NOV 3 1938

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

Do not use this space.

36663

1. PLACE OF DEATH

County St Charles
Township Dadesme
City Osallon (No. 636)

Registration District No. 760 B
Primary Registration District No. 6001

File No.
Registered No. 57
St. Ward)

2. FULL NAME

William Carter

(a) Residence, No. Osallon St., Ward.

Length of residence in city or town where death occurred 10 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1884

7. AGE YEARS 53 MONTHS 10 DAYS 25 If LESS than 1 day,hrs. ormin.

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

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) Osallon Mo

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Lovell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT Mrs. Amy Hutchins (ADDRESS) Osallon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Osallon Mo DATE 10/16 1938

19. UNDERTAKER E. A. Hutchins (ADDRESS) Osallon Mo

20. FILED Oct 17 1938 E. A. Hutchins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Oct 12 1938

I last saw him alive on Oct 10 1938 Death is said to have occurred on the date stated above, at 10 A.m.

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

Hemorrhagic nephritis
malnutrition
Decubitus

Date of onset 9/1/38

Other contributory causes of importance:

Epilepsy 131

1930

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? No

If so, specify Nicholas J. Honich 1, M. D.

(Signed) Nicholas J. Honich 1, M. D. (Address) Osallon, Mo

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.

