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.

REC'D DEC 15 1938

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

Do not use this space.

38855

1. PLACE OF DEATH
County Carter
Township Johnson
City Ellsinore (No. 636, St., Ward)
Registration District No. 144
Primary Registration District No. 6-207
File No.
Registered No.

2. FULL NAME William Edmond Carter

(a) Residence, No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Ellsinore Mo. 0

FATHER
13. NAME Sam Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo. 0

MOTHER
15. MAIDEN NAME Elsie Stratton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Ellsinore Mo 0

17. INFORMANT (ADDRESS) Sam Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Whites Mill DATE 6-13" 1938

19. UNDERTAKER (ADDRESS) ✓

20. FILED Dec 9, 1938 Pearl Brooks Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1938 to 6-12, 1938
I last saw him alive on June 12, 1938 Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (119)	6/11/38
Other contributory causes of importance: Bronchitis (106 C)	4/26/38

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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) [illegible] Davis, M. D.
(Address) Ellsinore Mo