

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.

DECE JAN 17 1939

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

Do not use this space.

42661

1. PLACE OF DEATH

County Carter  
Township Jackson  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 144  
Primary Registration District No. 5207

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME JOSEPH LUKE CARTER

(a) Residence, No. Edinore Mo. 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<br><u>M</u>                                                                   | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF (OR) WIFE OF <u>IRENIA CARTER</u> |                              |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1938</u>                            |                              |                                                                             |
| 7. AGE<br><u>68</u>                                                                  | YEARS<br><u>10</u>           | MONTHS<br><u>14</u>                                                         |
|                                                                                      |                              | DAYS<br><u>14</u>                                                           |
|                                                                                      |                              | IF LESS than 1 day, _____ hrs. or _____ min.                                |

|            |                                                                                                              |
|------------|--------------------------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>farmer</u> |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>own farm</u>        |
|            | 10. Date deceased last worked at this occupation (month and year) <u>Sept. 1938</u>                          |
|            | 11. Total time (years) spent in this occupation <u>50</u>                                                    |

12. BIRTHPLACE (CITY OR TOWN) Carter Co. Mo.  
(STATE OR COUNTRY)

13. NAME Robert Carter

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

15. MAIDEN NAME Elizabeth Waller

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

17. INFORMANT Donald Crites  
(ADDRESS) Edinore Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Whites Mill Mo DATE Dec 18 1938

19. UNDERTAKER Coy Senabel  
(ADDRESS) Van Buren Mo

20. FILED Jan 13, 1939 Pearl Brooks  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1938 to Dec 17 1938

I last saw him alive on Dec. 16 1938 Death is said

to have occurred on the date stated above, at 3 P. m.

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

chronic nephritis 131 Date of onset 1936

Other contributory causes of importance:  
chronic gastritis 118  
chronic myocarditis 93c  
focal infection (bath)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? urinalysis Was there an autopsy? no

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 \_\_\_\_\_

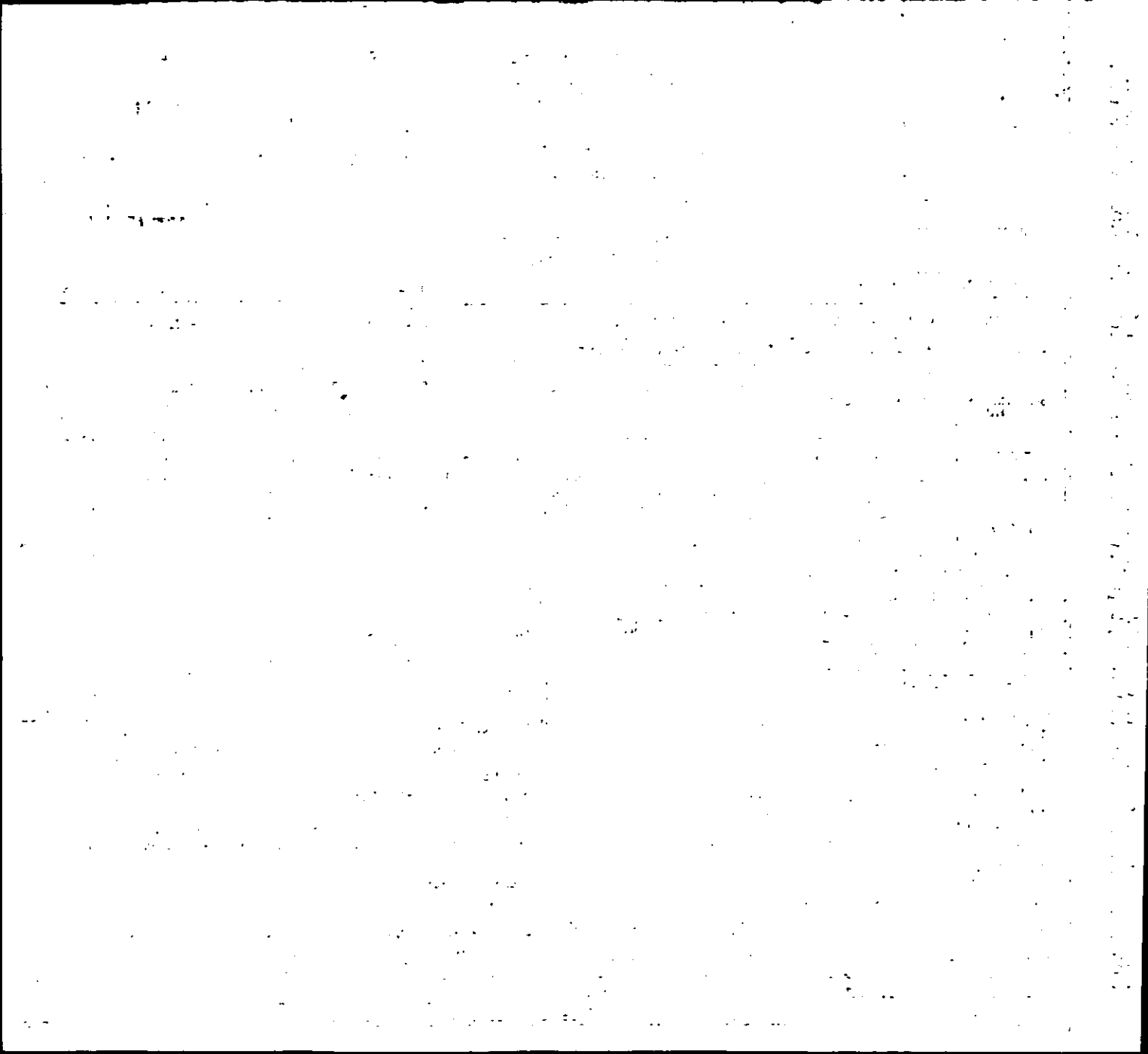
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) H. D. Davis M.D.

(Address) Edinore 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.

REGISTRATION SHALL NOT BE RECEIVED UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

42661  
Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 144  
(b) Township Jackson Primary Registration District No. 5207  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Luke Carter  
(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 10 14

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

FATHER  
13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 13 1939 Pearl Brooks Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1938

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 \_\_\_\_\_ m.  
The principal cause of death, and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) V. D. Davis, M. D.  
(Address) Elk Grove Mo.

