

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

Do not use this space.

37304

1. PLACE OF DEATH

County Galine Registration District No. 797
 Township Miami Primary Registration District No. 4477
 City Miami (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 4 - 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>		<u>7</u>	<u>28</u>	

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. Laborer
 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) Shandon Co Va

13. NAME Isaac Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shandon Co Va

15. MAIDEN NAME Martha Gerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Va

17. INFORMANT (ADDRESS) John Carter Miami Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miami DATE Sept 4 1939

19. UNDERTAKER (ADDRESS) Geo St John

20. FILED 9-4 1939 Mrs. Aubrey Haynes Registrar. 711 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1937 to 9/3 1939

I last saw him alive on 9-2 1939. Death is said to have occurred on the date stated above, at 2 A m.

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

Accident of Stove Date of onset ab-3 1937

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Physical 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? no

If so, specify _____ (Signed) Frank H. Halliday, M. D.

Miami, 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.

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JUL 17 1941

6th march

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