

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

Do not use this space.

8645

1. PLACE OF DEATH

County Assuming
Township.....
City Clinton (No. 1164)

Registration District No. 347
Primary Registration District No. 3018

File No. Dr. Walker
Registered No. 34
St. _____ Ward)

2. FULL NAME

Martin Carter

(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)

Widowed

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

Mrs. May Frances Carter

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

Aug 12 1865

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>6</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Furnace
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Vermont

10. NAME OF FATHER

Zamus Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Dart Knaw

12. MAIDEN NAME OF MOTHER

Dart Knaw

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Dart Knaw

PARENTS

14. INFORMANT

(Address) Phillip Carter
Clinton R R 5

FILED Mar 10 1928 Dr. E. C. Beeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR)

3-10 1928

17.

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Mar 10, 1928.
I last saw him alive on March 9, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

suicide by shooting with shot gun
167

137A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

ill health, (Bright's disease)
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? (Coroner's inquest)

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) E. S. Walker, M. D.

(Address) D-10, 1928 E. S. Walker

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL Mar 11 1928

Fields Creek Cemetery

20. UNDERTAKER

ADDRESS

James Walker

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.

1928

1928
1865
63