

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

Do not use this space.

24409

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.

1. PLACE OF DEATH

County Henry Registration District No. 14
 Township Windsor Primary Registration District No. 4211
 City Windsor, (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 25
 St. _____ Ward _____

2. FULL NAME

James Sawyer Carter Sr.
 (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 widowed
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15th 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired farmer.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Fleet Hill - Mo.
 (STATE OR COUNTRY) Mo.

PARENTS
 10. NAME OF FATHER James Sawyer Carter
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Virginia
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Mary Purnell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY) _____

14. INFORMANT J.S. Carter, Jr.
 (Address) Windsor, Mo.
 FILED July 16, 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13, 1929
 17. I HEREBY CERTIFY That I attended deceased from June 18, 1929, to July 14, 1929, that I last saw him alive on July 14, 1929, and that death occurred, on the date stated above, at 8:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart failure (acute)

16 1/2 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 16 1/2
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
 WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J.L. Blackmore, M. D.
7-17, 1929 (Address) Windsor, Mo.

*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 Windsor, Mo. DATE OF BURIAL July 16, 1929
 D. UNDERTAKER J.S. Carter, Jr. ADDRESS Windsor, Mo.

