

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

Do not use this space.

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
Township..... Ward
City..... Ward (No.)

Registration District No. 14
Primary Registration District No. 420

File No. 40405
Registered No. 40
St. Ward)

2. FULL NAME

Thomas George 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF <u>Dora Virginia Carter</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb-26-1850</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>9</u>	<u>8</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Troy Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER James Sawyer Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Jane Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Geo H Carter
(Address) Ward Mo

15. FILED Dec 8 19 29 D. Demingo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 19 29

17. HEREBY CERTIFY That I attended deceased from Dec 6 19 29 to Dec 6 19 29 that I last saw him alive on Dec 5 19 29 and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of
liver 46E
CIA

CONTRIBUTORY (duration) yrs. mos. ds.
SECONDARY Artery ascending
Coronary (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) D. Demingo M. D.
(Address) Ward

*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 Ward Mo DATE OF BURIAL Dec 8 19 29

20. UNDERTAKER Ward ADDRESS Ward

Lambert's Dec 21 1929

