

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

Do not use this space.

22638

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 58
St. _____ Ward)

2. FULL NAME Wm Farley Carter

(a) Residence No. 311 74 - 3 St. _____ Ward. _____

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. (If nonresident, give city or town and State)

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 Mrs Jenny Kennedy Carter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 4, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 3 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ossola Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Farley Carter

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

12. MAIDEN NAME OF MOTHER Elyza Conn

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

14. INFORMANT Mrs W F Carter
(Address) Clinton Mo

15. FILED 7/3 1930 E. C. Felton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 3, 1930 that I last saw him alive on July 3, 1930, and that death occurred, on the date stated above, at 1:50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

94A Angina Pectoris

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 89

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Samuel A. Peague, M. D.

7/3 1930 (Address) Clinton 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

Clinton Mo

DATE OF BURIAL

7/6 1930

20. UNDERTAKER

Sprou & Son Clinton

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.

