

JUL 18 1936

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

Do not use this space.

25930

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs, Missouri

File No. _____
Registered No. _____
St. 3d Ward

2. FULL NAME CARTER, Carl

Veterans Administration Facility 347 Warder St.
(a) Residence, No. Excelsior Springs, Mo. St. _____ Ward. Clinton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. ? 1899</u>		
7. AGE YEARS <u>37</u>	MONTHS <u>6</u>	DAYS <u>?</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>
	11. Total time (years) spent in this occupation <u>Unknown</u>

12. BIRTHPLACE (CITY OR TOWN) Clinton, Mo.
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Jim Price Carter

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Susie Parks

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL 36
PLACE Clinton, Missouri DATE 7-1-36, 19__

19. UNDERTAKER Sims Funeral Home
(ADDRESS) Clinton, Missouri

20. FILED 7-1-1936 Wm. Rea McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1936 19__

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936, 19__, to July 1, 1936, 19__
I last saw him alive on July 1, 1936, 19__. Death is said to have occurred on the date stated above, at 11:21 m. A.M.

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

Other contributory causes of importance: _____

Name of operation Exploratory Laparotomy Date of 7-1-36

What test confirmed diagnosis? Exam & Obs. Was there an autopsy? Yes

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 primary in any way related to occupation of deceased? ---

If so, specify H. C. Hardegreve
(Signed) H. C. HARDEGREE, MD, Clinical Director
Veterans Administration Facility
(Address) Excelsior Springs, Missouri

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.

