

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

Do not use this space.

10412

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Anglemo (No. Anglemo Mo.) St. _____ Ward _____

2. FULL NAME

Boose Carter
 (a) Residence. No. Anglemo Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negrs 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Carter
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5, 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 | 5 | 10
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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 Robert Carter
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Charlotte (nee) Carter
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY)

14. INFORMANT Sarah E. Carter (Address) Anglemo Mo.

15. FILED 3-17-28 O. A. Schuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16th, 1928
 17. I HEREBY CERTIFY, That I attended deceased from March 15th, 1928, to March 16th, 1928, that I last saw him alive on March 16th, 1928, and that death occurred, on the date stated above, at 9:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

8:00 740 (duration) 15 hrs. yrs. mos. da.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) H. J. Tolman, M. D.
3-16, 1928 (Address) Pattonville, 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 Washington Park DATE OF BURIAL 3-18 1928
 20. UNDERTAKER A. Russell and Co ADDRESS 2732 Pine St.

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.

RECORDS OF DEATHS IN MISSOURI 1928

