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

Do not use this space.

9055

**1. PLACE OF DEATH**

County..... Registration District No. 1003 File No. 28822

Township..... Primary Registration District No. 791 Registered No. 28822

City St. Louis (No. 2932a, Scott Ave St. ..... Ward)

**2. FULL NAME** Annie Carter

(a) Residence. No. 2932a Scott ave St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | Negro | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-28-1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 9 | | |

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

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

PARENTS

10. NAME OF FATHER Brooker Carter

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Harriett Perry
(Address) 2932a Scott ave

15. MAR - 1 1929 Filed ..... 19..... Mary C. Tindall Registrar

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. - 28 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20 - 1929, to Feb 28 1929, that I last saw h. alive on 2-28-1929, and that death occurred, on the date stated above, at 5:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis Cortic Insufficiency
12 d
4 d
12 d (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

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? Clinical
(Signed) Erskine D. Johnson, M. D
, 19 (Address) 3108 Lucas Ave. Fe. 28 19

*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 Greenwood — DATE OF BURIAL 3/4 1929

20. UNDERTAKER A. Russell Und. Co. Pine St. — ADDRESS 2732

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1
1
31

3100 Lucas ave.