

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

Do not use this space.

22502

1. PLACE OF DEATH

County Ray Registration District No. 744 File No. 22502
 Township Richmond Primary Registration District No. 59766 Registered No. 640
 City Richmond (No.) St. Ward)

2. FULL NAME John 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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 2 27

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

MOTHER FATHER 13. NAME John Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT James Thomas Carter
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE King Cemetery DATE 6-26 1931

19. UNDERTAKER W. W. Mansur
 (ADDRESS) Richmond Mo

20. FILED 6-26-31 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1931, 19... to June 23rd 19... 19...
 I last saw h. 1 p.m. alive on June 23, 1931, 19... Death is said to have occurred on the date stated above, at 11.45 a.m. B.M.

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

Apoplectic Date of onset

8211
Mo 2
 Other contributory causes of importance:
Advanced age

Name of operation None Date of

What test confirmed diagnosis? Peralasia there an autopsy?

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 or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) W. W. Mansur M. D.

(Address) Richmond Mo

JUL 28 1931

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