

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

Do not use this space.

11604

1. PLACE OF DEATH
 10 County Boone Registration District No. 73
 3 Township Columbia Primary Registration District No. 3006
 8 City Columbia (No.) St. Ward)
 2. FULL NAME Charles Carter
 (a) Residence, No. 9 So. 1st St., 3rd Ward. (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.

File No.
 Registered No. 88
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernice Carter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-4-1891
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 3 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 236
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. University
 10. Date deceased last worked at this occupation (month and year) April 1932 11. Total time (years) spent in this occupation 9
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Missouri
 FATHER 13. NAME John Charles Carter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri
 MOTHER 15. MAIDEN NAME Dellie Washington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri
 17. INFORMANT (ADDRESS) Bernice Carter Columbia Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 4-24 1932
 19. UNDERTAKER (ADDRESS) Shelton P. Parker Columbia Missouri
 20. FILED 4/23/1932 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1932
 22. I HEREBY CERTIFY, That I attended deceased from 4-20 1932, to 4-21-32
 I last saw him alive on 4-21-32 19... Death is said to have occurred on the date stated above, at 10:15 a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset 4-14-32
Lower Pneumonia
 108
 Other contributory causes of importance: none
 ①
 Name of operation Date of
 What test confirmed diagnosis? Was 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? no
 If so, specify
 (Signed) O. A. Moore M. D.
 (Address) Columbia Mo

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.

RECORDED WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 29 1932

