

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

Do not use this space.

1169

1. PLACE OF DEATH

County St. Louis Registration District No. 372
 Township Manassas Primary Registration District No. 4218
 City St. Louis (No.) St. Ward

File No.
 Registered No. 774

2. FULL NAME

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Merchandising
 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) Weymouth Co Iowa

FATHER 13. NAME William Carter

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

MOTHER 15. MAIDEN NAME Lidney A. Heatson

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

17. INFORMANT Ray R. Carter (ADDRESS) Manassas Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Raphael DATE 1-19-53

19. UNDERTAKER (ADDRESS) W. H. Emery
Manassas Mo

20. FILED Jan 19 1953 J. C. Ferry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1953

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1932 to Jan 17 1953
 I last saw him alive on Jan 17 1953 Death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Other contributory causes of importance 46 B

Date of onset

Name of operation none Date of
 What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) D. B. Perry M. D.
 (Address) Manassas 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.

