

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Preston
City (No.) (St.) (Ward

Registration District No. 410
Primary Registration District No. 5566

File No. 20840
Registered No. 8

2. FULL NAME

Marion Columbus Carter

(a) Residence, No. Cordage mo R# 2 St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 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 Elmeda Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 - 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>9</u>	<u>17</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Carlerville Mo.

MOTHER 13. NAME James G. L. Carter

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

15. MAIDEN NAME Mary Cooley

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

17. INFORMANT Walter E. Carter
(ADDRESS) Carthage Mo. R# 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wasson Cemetery DATE 7-3-1934

19. UNDERTAKER Wm. - Drake
(ADDRESS) Carthage Mo.

20. FILED July 10, 1934 Lollara J. Holmes
mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1934

22. I HEREBY CERTIFY That I attended deceased from 6/28, 1934 to June 28, 1934
I last saw him alive on 6/28, 1934 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Valvular disease of Heart
Nephritis

Other contributory causes of importance:

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) W. H. Hendricks, M. D.

(Address) Jasper, Mo.

N. B. CAUSE OF DEATH IS TO BE WRITTEN IN THIS SPACE

#2 Jasper

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Marion Columbus Carter
Who died at _____ on June - 28 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color of race W Single, married, widowed or divorced: _____
Date of birth _____ Age: Years 79 Months 9 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Valvular disease of heart. 131

Other contributory causes of importance Nephritis (Chronic)
Name of operation _____ Date of 11/26/34
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician U. H. Hendricks M.D.
Address of physician Jasper Mo
Signature of Registrar Mrs Clara J. Holmes Jasper Mo

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 410 Very truly yours,
Primary Reg. Dist. No. 5566
E. T. McLaugh, M.D.
Special Agent.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state what operation was performed. Exact statement of cause of death should be given. All information may be properly classified.

U.S. DEPARTMENT OF COMMERCE

INTERNATIONAL TRADE COMMISSION

WASHINGTON

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20540

1980

MEMORANDUM FOR THE SECRETARY

DATE: 10/15/80

FROM: [Illegible]

SUBJECT: [Illegible]

S-20840