MAR 21 1936

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

Do not use this space.

6001
815

1. PLACE OF DEATH

County JACKSON — Registration District No. ..... — File No. .....

Township KAW — Primary Registration District No. ..... — Registered No. .....

City KANSAS CITY (No. 4446 PROSPECT AVE St. ..... Ward)

2. FULL NAME FRANCIS MARIAN CARTER

(a) Residence, No. 4446 PROSPECT St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED. HUSBAND OF ~~(OR) WIFE OF~~ EFFIE JANE CARTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 28-1858

7. AGE: YEARS 77 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RESTAURANT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWNER.
10. Date deceased last worked at this occupation (month and year) FEB 12-36
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUIS CO. KENTUCKY

FATHER

13. NAME THOMAS CARTER.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER

15. MAIDEN NAME UNKNOWN.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) NEWLON CARTER. 4446 PROSPECT.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT MORIAH DATE Jan-17-36

19. UNDERTAKER (ADDRESS) DW NEWCOMER'S SONS K.C. Mo.

20. FILED 2-15, 1936 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-14, 1936 to Feb-14, 1936

I last saw him alive on Feb-14, 1936. Death is said to have occurred on the date stated above, at 5 P m.

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

Cerebral Hemorrhage 7/13-36.

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? no

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) Fred H. Evans, M. D.

(Address) 804 Argyle Bldg.