

JUN 22 1936

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

Do not use this space.

23411

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township Mt. Vernon Primary Registration District No. 5633
City (No.) St. Ward

File No. _____
Registered No. 38

2. FULL NAME Ransler 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march 6 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 29

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) Mt. Vernon Mo

13. NAME A. P. Carter

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

15. MAIDEN NAME Sarah Jane Herles

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

17. INFORMANT Dora Zenty
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Brick Church DATE June 6 1936

19. UNDERTAKER Bassett Funeral Home
(ADDRESS) Mt. Vernon Mo

20. FILED 19 P. A. Hohues
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1936

22. I HEREBY CERTIFY That I attended deceased from July 15 1936 to July 3 1936

I last saw him alive on June 3 1936 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 Date of onset 1925

Other contributory causes of importance none

Name of operation _____ Date of _____

What test confirmed diagnosis? ray 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) J. A. Holmes M. D.

(Address) Mt. Vernon 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

