

JUL 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 470  
Township Lawrence Primary Registration District No. 5693

File No. 23420  
Registered No. 74  
St. .... Ward)

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 <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Levise Carter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-4-1876</u>		
7. AGE	YEARS	MONTHS
<u>60</u>	<u>7</u>	<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Turner</u>		If LESS than 1 day, ..... hrs. or ..... min.
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) <u>11/34</u>		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
13. NAME <u>J. H. Carter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston</u>		
15. MAIDEN NAME <u>Elizabeth Richardson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fairfield Conn</u>		
17. INFANT (ADDRESS) <u>Prof</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Mt</u> DATE <u>June 30 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Funeral Home</u>		
20. FILED <u>June 30 1936</u> <u>R. H. Holmes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-36 19

22. I HEREBY CERTIFY, That I attended deceased from 6-7-35, 19, to 6-27-36, 19.

I last saw him alive on 6-27-36, 19. Death is said to have occurred on the date stated above, at 1:25 m. A.

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

Carcinoma  
Tuberculosis  
Lymphoid

Date of onset 11/34

Other contributory causes of importance: 

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? yes

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 Carter & Mellies M. D.  
(Signed) Dr. Deussen  
(Address) Dr. Deussen

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

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.

