73

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.

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

MAY 7 1937

Do not use this space.

14704

File No.

Registered No. 4200

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City (No. En Route City Hospital #2 St. Ward)

2. FULL NAME ISAIAH CARTER

(a) Residence, No. 3719 Rutger St., 18 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: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt. 1881

7. AGE: Years Abt 56 | Months | Days | If LESS than 1 day, hrs. or min.

37

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez Miss.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Amanda Carter 3719 Rutger

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 4-24-37

19. UNDERTAKER (ADDRESS) Love Funeral Co. 3103 Washington

20. FILED APR 22 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:20 P.

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

Date of onset

Compound fracture of skull with traumatic intra cranial hemorrhage, received when struck bye brick in the hands of one, James Edmonds, (Col) during a fight wherein Edmonds received several cuts and lacerations, at 3711 Vista Ave., about 11:10 P. M., April 17th, 1937.

Other contributory causes of importance:

Name of operation JUSTIFIABLE HOMICIDE 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? Homicide Date of injury 4/17, 1937

Where did injury occur? St Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph M. Zuern M.D.

(Address) Deputy Coroner