

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

2
3683
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 660
 (b) Township Perryville mo Primary Registration District No. 4396 Registered No. _____
 (c) City Perryville mo (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. James A. Carter 536 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) April 27-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 1 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Perryville mo

FATHER 13. NAME Michael Carter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry mo

MOTHER 15. MAIDEN NAME Irene Bishop
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry mo

17. INFORMANT (ADDRESS) Michael Carter Perryville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Falls DATE Jan 30 1938

19. FUNERAL DIRECTOR (ADDRESS) John G. Jones Perryville mo

20. FILED Jan 29 1938 Joe J. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 2 1938 to Jan 28 1938
 I last saw him alive on Jan 28 1938 Death is said to have occurred on the date stated above, at 9:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 2 days

Other contributory causes of importance:

Measles

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify Oscar O'Carroll M. D.

(Signed) Oscar O'Carroll (Address) Perryville, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

