

FEB 18 1937

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

Do not use this space.

2306

1. PLACE OF DEATH
68 County Moniteau Registration District No. 376
Township Harrison Primary Registration District No. 3773A
City Barnett, Mo. (No. 2) St. _____ Ward _____
File No. _____
Registered No. 24

2. FULL NAME Joseph Benjamin 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29/37, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 24th, 1936, to Nov 30th, 1936.
I last saw him alive on Nov 30th, 1936. Death is said to have occurred on the date stated above, at 3 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1854

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 5 12

Cancer of right ear
which late advanced
to right chest bone
causing death
conspicuously

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. 1
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40

Other contributory causes of importance:
metastasis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

13. NAME Joseph Carter

Name of operation Hatfield's Spinal Surgery Date of _____
What test confirmed diagnosis? biopsy Was there an autopsy? no

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

15. MAIDEN NAME Mary Jane Wooley

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

17. INFORMANT Jim Robertson
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE High Point Woodman Cem, 1/31/37

19. UNDERTAKER Hugo H. Schubert
(ADDRESS) Russellville, Mo.

20. FILED 2/3 1937 Jewell Phillips
Registrar

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 1936
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 independent cancer

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) H. E. Blackstone, M. D.
(Address) Russellville, Mo.

Every item of information should be carefully supplied. For names be sure exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

