

REC'D SEP 8 1939

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

Do not use this space.

30033

1. PLACE OF DEATH

County

Township

City

(No.)

St.

Ward)

Registration District No.

Primary Registration District No.

File No.

Registered No.

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

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

male

White

Widowed

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

Bell Cater

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

3-17-1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

8 3

3

13

day, hrs.
or min.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

all life

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

Rayco Mo

13. NAME

John Cater

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

North Carolina

15. MAIDEN NAME

Don't know

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

Don't know

17. INFORMANT
(ADDRESS)Arthur Adams
Rayville

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Salem

DATE

7-2

1939

19. UNDERTAKER

(ADDRESS)

J. E. Broadhurst
Rayville Mo.

20. FILED

Aug 31 1939

Mabel Jackson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 1 1939

22. I HEREBY CERTIFY, That I attended deceased from

June 25 1939 to June 25 1939

I last saw him alive on June 25 1939. Death is said

to have occurred on the date stated above, at m.

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

Senility
Chronic Prostatitis
Anemia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical 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)

Olafus E. Scherer, M. D.

(Address)

Lawson 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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed
9/6/39