

**Carter, Horace: Death Certificate, King and
Queen County**

Metadata

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FORM NO. 10

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID).—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

1 PLACE OF DEATH
 COUNTY OF Stonewall Co.
 MAGISTERIAL DISTRICT OF _____
 OR _____
 INC. TOWN OF _____
 OR _____
 CITY OF _____ (No. _____ (If death occurred in a hospital or other institution, give its NAME instead of street and number) ST.: _____ WARD: _____)

CERTIFICATE OF DEATH
 COMMONWEALTH OF VIRGINIA
 BUREAU OF VITAL STATISTICS
 STATE BOARD OF HEALTH
 24787
 REGISTRATION DISTRICT No. 4910 REGISTERED No. 6
 (TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)

2 FULL NAME Horace 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

3 SEX <u>Male</u>	4 COLOR OR RACE <u>Coe</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married

6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)
 _____ 19____
 7 AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
47

8 OCCUPATION OF DECEASED
 (A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK
Milling
 (B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)
Mr. Marshall King
 (C) NAME OF EMPLOYER
King
 (CITY OR TOWN)
Wicks
 (STATE OR COUNTRY)

9 BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

10 NAME OF FATHER _____ (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

11 BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

12 MAIDEN NAME OF MOTHER _____ (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

13 BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14 INFORMANT Silva Carter (Address) King Wicks

15 FILED Oct 19, 1925 Mr. W. H. Cuthbert REGISTRAR

MEDICAL CERTIFICATE OF DEATH
 16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)
Oct 12 1923
 17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ 19____ TO _____ 19____
 THAT I LAST SAW HIM ALIVE ON _____ 19____
 AND THAT DEATH OCCURRED, ON DATE STATED ABOVE, AT _____ M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shot by mol. 1917
Shot by
 (DURATION) _____ YRS. _____ MOS. _____ DS.
 CONTRIBUTORY (SECONDARY) _____ (DURATION) _____ YRS. _____ MOS. _____ DS.
 18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ (SIGNED) Thos. B. Deane M. D. _____ 19____ (ADDRESS) _____
 *State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19 PLACE OF BURIAL, CREMATION, OR RE-MOVAL: _____ DATE OF BURIAL _____
Wm Clark Oct 14, 1923
 20 UNDERTAKER Thos. Wm. Clark ADDRESS Danburton

1

County:

Magisterial District:Stevensville, Va.

Town:

City:

Registration District No.:491C

Registered No.:6

File No.:

No. (or Hospital Name):

Street:

Ward:

Full Name:Horace Carter

Residence:

Years:

Months:

Days:

Sex:Male

Color or Race:Col

Relationship:Married,Widowed

Name of Husband or Wife:Married

Date of Birth:Not Recorded

Month:

Day:

Year:

Age:Recorded

Years:47

Months:

Days:

Profession:milling

Nature of Business:

Name of Employer:J.W. Marshall
Birthplace:Recorded
City, Town, or County:King William
State or Country:
Father's Name:James V Carter
Birthplace (city or town):[Albemarl?]
Birthplace (state or country):
Mother's Name (maiden name):Jane Butler
Birthplace (city or town):King William
Birthplace (state or country):
Informant Name:Silas Carter
Address:King William
Date Filed:Oct 13, 1923
Registrar:Mrs. W. H. Eubank
Date of Death:Oct. 12 1923
Time of Death:
Last Seen Alive:
Cause of Death:shot by mob
Contributory (Secondary):
Autopsy?:Not Recorded
External causes?:Not Recorded
Other Notes:
Signed (Physican):Thos. B. [Latane?]
Date:
Address:
Place of Burial, Cremation, or Removal: [third?] Union Church [illegible]
Date of Burial:Oct 14 1923
Undertaker:Ivan Clark
Address:[illegible] Va
Additional text not entered above:

Contributions Message

Mallory Todd, Bill, LVA, Andrew Coleman and The Library of Virginia