

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

1 PLACE OF DEATH

County *Jasper*

Township *Jasper*

Village *Wells City*

Registration District No. *417*

File No. *8969*

Primary Registration District No. *3021*

Registered No. *31*

(NO. *616 N. Hall* St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Carrie Viola Lytle

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED *Married*
WIDOWED OR DIVORCED
(Write the word)

16 DATE OF DEATH *Feb 28* 191*5*
(Month) (Day) (Year)

6 DATE OF BIRTH *Sept 24 1897*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Feb 24* 191*5* to *Feb 25* 191*5*
that I last saw her alive on *Feb 25* 191*5*

7 AGE *18* yrs. *5* mos. *4* ds. IF LESS than 1 day... hrs. or... min.?

and that death occurred, on the date stated above, at *4* p. m.

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work *At Home*
(b) General nature of industry business, or establishment in which employed (or employer)

Small-pox
6 yrs. *0* mos. *6* ds.

9 BIRTHPLACE (City or town, State or foreign country) *Nebraska*

(Duration) yrs. mos. ds.

10 NAME OF FATHER *John Lewis*

CONTRIBUTORY (Secondary)

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *unknown*

(Duration) yrs. mos. ds.

12 MAIDEN NAME OF MOTHER *unknown*

(Signed) *S. C. E. M. B. Jr.* 191*5* (Address) *Wells City Mo.*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *11 11*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Informant) *George Lytle*

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Address) *Wells City*

Where was disease contracted if not at place of death?

Former or usual residence

15 Filed *Feb 1* 191*5* *L. Schuauweh* Registrar

19 PLACE OF BURIAL OR REMOVAL *Wells City Cem. Wells* DATE OF BURIAL *Mar 1* 191*5*

20 UNDERTAKER *Wells City Wells* ADDRESS

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.

