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

Do not use this space.

8681

1. PLACE OF DEATH

County: Johnson — Registration District No.: 431 — File No.:

Township: Warrensburg — Primary Registration District No.: 3423 — Registered No.:

City: Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Sarah C Carter

(a) Residence. No. 202 W South St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 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)
F	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 25, 1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	2	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Houswewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kemtucky

PARENTS

10. NAME OF FATHER: Ephriam Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

12. MAIDEN NAME OF MOTHER: Sarah Browning

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Jennie Carter
(Address): Warrensburg Mo

15. FILED 3/17 1927 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar, 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1927, to Mar 15, 1927 that I last saw h. w. alive on Mar 15, 1927 and that death occurred, on the date stated above, at 11-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
107A
100A
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sunset
(Signed) [signature], M. D
Mar 15, 1927 (Address) Warrensburg Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Sunset Hill Cem	Mar, 17 1927

20. UNDERTAKER	ADDRESS
Sweeney- Gore, Warrensburg 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.