

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

Do not use this space.

19709

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....  
Registration District No. **791**  
Primary Registration District No. **1203**  
(No. **St. Johns Hospital**)

File No.....  
Registered No. **5416**  
St..... Ward)

**2. FULL NAME**

**Harriett Carter**  
(a) Residence. No. **4100 Piedmont** St., **15** 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 **Female**  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 19 1921**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**6 3 70**

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Geo C. Carter**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Mo.**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Harriett Mans.**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo.**  
(STATE OR COUNTRY)

14. INFORMANT **Geo. C. Carter**  
(Address) **4100 Piedmont**

15. JUN 22 1927 **Max G. Starceff**  
FILED 19..... REGISTRAR

**25 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 9 1927**  
17. I HEREBY CERTIFY, That I attended deceased from **March 7** 1927, to **June 9** 1927, and that I last saw her alive on **June 9** 1927, and that death occurred, on the date stated above, at **2:30 P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chloroform infection of**  
**liver**  
**11/10/27**  
**Mo. 10/9/27**  
CONTRIBUTORY (SECONDARY) **splenitis**  
(duration) yrs. mos. ds. **2 ds.**

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: **4100 Piedmont**

DID AN OPERATION PRECEDE DEATH? **no.** DATE OF.....  
WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS? **autopsy**  
(Signed) **Dr. Rivette**, M. D.  
, 19 (Address) **Sister Mary's Home**

\*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 **S. L. Peter & Paul** DATE OF BURIAL **June 11 1927**

20. UNDERTAKER **Wm. Schumacher** ADDRESS **3013**  
**Meramec**

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.

*Dr. Rivette*

Lister Bldg.  
Taylor & Olive.