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

Do not use this space.

32740

JAN 3 1928

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1127

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Myrtle Ann Carter

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

Length of residence in city or town where death occurred 2 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March. 26. 1881.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	7	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundry 122

(b) General nature of industry, business, or establishment in which employed (or employer) Conser Laundry CO. 122

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stanberry, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Thomas Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Amanda Elliott

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

14. INFORMANT Neal W Carter (Address) Industrial City

15. FILED NOV 8 1927, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1927 to Nov. 7, 1927 that I last saw her alive on Nov. 7, 1927, and that death occurred, on the date stated above, at 12/50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Intestinal Obstruction caused by post operative adhesions

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Gen. peritonitis

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? At her home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov. 6, 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) G. T. Bloomer, M. D

Nov. 8, 1927 (Address) 1218 N. 3d St.

*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
Mount Auburn Cemetery	Nov. 9. 1927
20. UNDERTAKER	ADDRESS
H. O. Sidenfaden	1802 Union Str.

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.