

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

Do not use this space.

5770

MAP 21 1928

**1. PLACE OF DEATH**

County Newton  
Township Marion  
City..... (No..... Ward)

Registration District No. 15  
Primary Registration District No. 5817

File No.....  
Registered No. 4,  
St..... Ward)

**2. FULL NAME**

Mavis Helen Carter

(a) Residence. No. Diamond B #1 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. 3 mos. 12 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 | Single

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

none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 17 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
0 | 3 | 12 | — | —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... none  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... Newton Co. Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Luther Carter  
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Newton Co. Mo  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Mabel Howell  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Jasper Co. Mo  
(STATE OR COUNTRY)

14. INFORMANT L. Carter  
(Address) Roads No B #1

15. FILED Feb 29<sup>th</sup> 1928 U.S. Chapman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1928, to 2-29, 1928, that I last saw her alive on 2-27-28, 1928, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Interstitial Nephritis

11911 113 B  
(duration)..... yrs..... mos..... ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. S. Baker, M. D.  
, 19 (Address) Corcoran

\*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

Sarcophic Cemetery 3-1 1928

20. UNDERTAKER ADDRESS  
Ulmer - Brock Carriage

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

