

MAP 21 1928

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

Do not use this space.

5775

1. PLACE OF DEATH

County Nodaway  
Township Grant  
City (No. ....) (St. .... Ward)

Registration District No. 617  
Primary Registration District No. 5819

File No. ....  
Registered No. 5

2. FULL NAME

Marnie Carter

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>69</u>	<u>9</u>	<u>28</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Sandy Hook, Kentucky  
(STATE OR COUNTRY)

10. NAME OF FATHER Nelson Pennington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Auburn Co. Kentucky  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Jane Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Va. Virginia  
(STATE OR COUNTRY)

14. INFORMANT W. C. Pennington  
(Address) Quilford, Missouri

15. FILED 2/23/28 Chas. D. Humbrich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1928, to Feb 22, 1928 that I last saw her alive on Feb 22, 1928, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Branchio-Pneumonia  
10th  
10-24-00-0  
(duration) yrs. .... mos. 2.0 ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis  
Dysent (duration) .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED at place of death  
IF NOT AT PLACE OF DEATH, DATE OF .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) James A. Larrabee, M. D.  
2/23, 1928 (Address) Barnard 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 Shades Cemetery DATE OF BURIAL Feb 24, 1928  
Barnard Mo.

20. UNDERTAKER Jas. Cann ADDRESS Bolehow, Mo.

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

PARENTS

