NOV 21 1928

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

Do not use this space.

1. PLACE OF DEATH
County Davies — Registration District No. 250 — File No. 35168
Township — Primary Registration District No. 4150 — Registered No. 509
City Gallatin (No. ..... St. ..... Ward)

2. FULL NAME Laura C. Carter
(a) Residence. No. ..... 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. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26-1859

7. AGE: Years 69 — Months 2 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Jas. H. Herndon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiania
12. MAIDEN NAME OF MOTHER Caroline Brannock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Sabathil Castle
(Address) Gallatin, Mo.

15. FILED 10/13, 1928 Ph. Gardner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1928, to Oct 12, 1928, that I last saw her alive on Oct 12, 1928, and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
Anemia of 6 mo. duration
58A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Renal condition (uremic poisoning)
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Blood & lab test
(Signed) M B Briley R.D. ~~MD~~
10/13 1928 (Address)

*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: Brown — DATE OF BURIAL: 10/14 1928

20. UNDERTAKER: H. A. Hope — ADDRESS: Gallat

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.

THIS IS A PERMANENT RECORD