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

Do not use this space.

2699

1. PLACE OF DEATH
County: Newton — Registration District No. 609 — File No. 6
Township: — Primary Registration District No. 4363 — Registered No.
City: Neosho (No. Sale Hospital St. Ward)

2. FULL NAME: Eliza Catherine Carter
(a) Residence. No. Anderson, Mo 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: J. N. Carter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 31. 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 ~~29~~	r	14	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: John Gose
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: J. N. Carter
(Address): Anderson Mo

15. FILED 2-10, 1929 C. E. Maness, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/15 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929 to Jan 15, 1929 that I last saw he[illegible] alive on Jan 15, 1929, and that death occurred, on the date stated above, at 1:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intermal uterine
Cancer
Cause is hemorrage
1390 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Not Known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Andeadale, M. D
1/15, 1929 (Address) Neosho 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: Treece, Kansas — DATE OF BURIAL: 1/17 1929
20. UNDERTAKER: Bigham's — ADDRESS: Neosho

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.

23 102 73 4 4 235 2 2 31