

WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

wise

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

Do not use this space.

1546

1. PLACE OF DEATH

County *Jasper*
Township *Marion*
City *Carthage, Mo.* (No. _____)

Registration District No. *4108*
Primary Registration District No. *3020*
3020

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Minnie Belle Carter

(a) Residence. No. *208 N. Marion* St. _____ Ward _____
(Usual place of abode)

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. (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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. S. Carter*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 8, 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 4

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) *Near Bloomfield*
(STATE OR COUNTRY) *Iowa*

10. NAME OF FATHER *John Alexander*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Belford*
(STATE OR COUNTRY) *Indiana*
12. MAIDEN NAME OF MOTHER *Emily Foster*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Bloomfield*
(STATE OR COUNTRY) *Iowa*

14. INFORMANT *J. S. Carter*
(Address) *Carthage, Mo.*

15. *Jan 13, 1930* *O. H. Ketchum*
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 12 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Feb 28* 1929, to *Jan 11* 1930, that I last saw him alive on *Jan 11* 1930, and that death occurred, on the date stated above, at *11:00 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic (P) Nephritis
131
97

CONTRIBUTORY *Atherosclerosis*
(SECONDARY) (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 *1290*
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *March 1930* M. D.
19 (Address) *Carthage, 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 *Avilla Cemetery* DATE OF BURIAL *Jan. 15 1930*

20. UNDERTAKER *Gene Motuary* ADDRESS *Carthage, Mo.*

