

SEP 25 1930

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

Do not use this space.

23504

1. PLACE OF DEATH

County Livingston Registration District No. 574
Township Madison Primary Registration District No. Madison 17
City Braymer Mo (No. 5683) St. _____ (Ward)

File No. 131

Registered No. 6

2. FULL NAME

(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. 3 mos. X ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas J. Carter</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 23, 1843</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>84</u>	<u>9</u>	<u>19</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u>				
(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) Ohio

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Charley March
(Address) Sublaw Mo

15. FILED July 16 1930 Geo. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930
17. I HEREBY CERTIFY, That I attended deceased from July 12 1930 to July 12 1930 that I last saw her alive on July 12 1930 and that death occurred on the date stated above, at _____ a _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Morbus
123 B
162
15 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Smelting
15 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None - Red nose
(Signed) _____ M. D.
7/22 1930 (Address) Sublaw 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 Collare Cemetery DATE OF BURIAL 7-13-30

20. UNDERTAKER B.F. Mead ADDRESS Braymer Mo

WRITE 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.

MARGIN RESERVED FOR BINDING

