

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.

SEP 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township Lamar
City Lamar (No. _____)

Registration District No. 40
Primary Registration District No. 5058

File No. 25836
Registered No. 40
St. _____ Ward _____

2. FULL NAME

Lidia Francis 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie J. Carter</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 25 1862</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>10</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Keeping house
(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) Tennessee

PARENTS

10. NAME OF FATHER <u>Esac Durham</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
12. MAIDEN NAME OF MOTHER <u>don't know</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>

14. INFORMANT Mary Alice Gowers
(Address) 300 N. Maple Lamar

15. FILED Sept 6 1930 A. J. Mynatt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 5th 1930

17. I HEREBY CERTIFY, That I attended deceased from June - 6th 1930 to Aug - 5th 1930, and that I last saw her alive on Aug - 1st 1930, and that death occurred, on the date stated above, 2:15 ^P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Insutial nephritis

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(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Rosplewell M. D.

8-5-30 (Address) Lamar 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 Northside Cem. Aug 6 1930 DATE OF BURIAL

20. UNDERTAKER Cowthron Lamar - Missouri ADDRESS

