

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

Do not use this space.

37017

1. PLACE OF DEATH

County Phelps

Registration District No. 677

Township Rolla

Primary Registration District No. 4403

City Rolla (No. _____)

File No. _____

Registered No. 83

St. _____ Ward _____

2. FULL NAME Hazel Irene 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9-1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

4

7

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rolla

(STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER James L. Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion Co

(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Mabel Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marion Co

(STATE OR COUNTRY) MO

14. INFORMANT James Carter

(Address) Rolla, Mo

15. FILED Nov 18, 1930

Nov 18, 1930

Nov 7, 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19th 1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct. 15th, 1930, to Nov 18, 1930, that I last saw him alive on Nov 18, 1930, and that death occurred, on the date stated above, at 7:00 A.M. m.

(THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injury about shoulder and head from a fall.

CONTRIBUTORY (SECONDARY) None

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Sidney McFarland, M. D.

, 19 (Address) Rolla, 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

Rolla Cemetery

DATE OF BURIAL

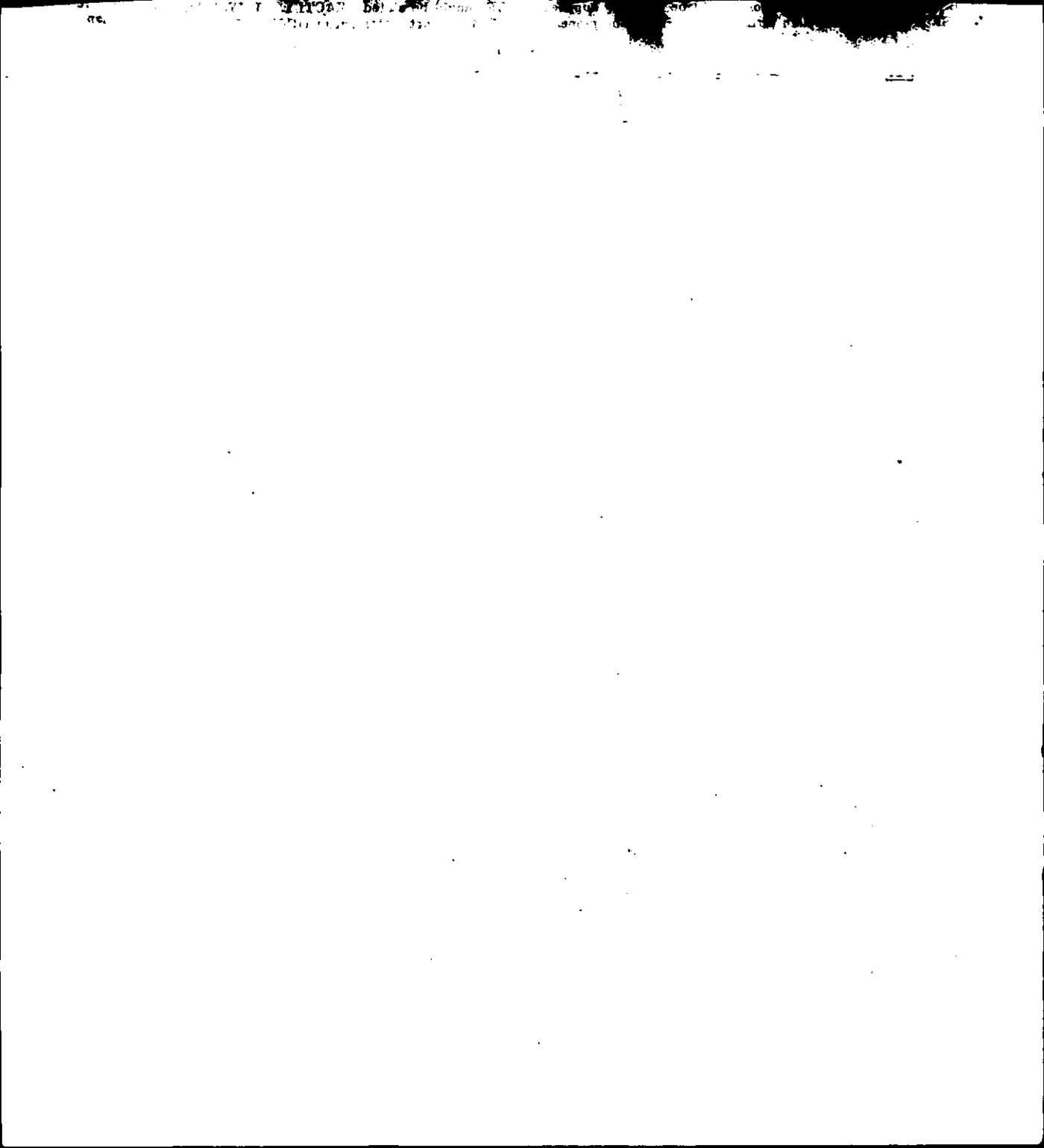
11-19 1930

20. UNDERTAKER

Null & Leffler

ADDRESS

Rolla, Mo



S-39017