

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.

MAR 25 1931

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

Do not use this space.

6216

1. PLACE OF DEATH

County Linn
Township Clay
City (No.) St. Ward)

Registration District No. 499
Primary Registration District No. 5664

File No.
Registered No. 1

2. FULL NAME

Mary Catherine 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>Widowed</u> |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20 1842</u> | | |
| 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>88</u> <u>6</u> <u>25</u> | | |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>X</u> 11. Total time (years) spent in this occupation <u>X</u> |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Missouri

FATHER 13. NAME Benjamin Tolson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown MI

MOTHER 15. MAIDEN NAME Dyre

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Ed Carter
Seneca, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Strawberry Cem. DATE July 17 1931

19. UNDERTAKER (ADDRESS) W. F. Thorne
Seneca, Mo.

20. FILED 726 1931 Geo. H. Clark
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1931 to Feb 15 1931
I last saw her alive on Feb 15 1931. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset
11B
11B
Other contributory causes of importance:

Name of operation no Date of no

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. A. Musgrave M. D.

(Address) Seneca, Mo.

