

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

Do not use this space.

11641

**1. PLACE OF DEATH**

County Jefferson  
Township Waco  
City De Soto (No. \_\_\_\_\_)

Registration District No. 420  
Primary Registration District No. 3022

File No. \_\_\_\_\_  
Registered No. 46  
St. 4 Ward) \_\_\_\_\_

**2. FULL NAME**

Flourence Ella Carter

(a) Residence, No. 731 East Jackson St. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♀ 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Carter 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 1888

7. AGE YEARS 47 MONTHS 9 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Mo

13. NAME Nelson King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Martha Leary

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

17. INFORMANT Arthur Carter (ADDRESS) De Soto Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto Mo. DATE April 30 1931

19. UNDERTAKER Richardson, Mathewhead (ADDRESS) De Soto Missouri

20. FILED 5/4 1931 D. H. Carney Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1931 to April 26 1931

I last saw him alive on April 26 1931. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Malignancy causing acute obstruction of gall bladder.  
1270 H 66  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) Harry Gibson, M. D.  
(Address) De Soto, Mo

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.

MAY 25 1931

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