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

Do not use this space.

17464

File No.

Registered No. 15

Registration District No. 206

Primary Registration District No. 5284a.

1. PLACE OF DEATH
County: Clinton
Township: Lathrop
City (No. St. Ward)

2. FULL NAME: Dona Marie 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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-23-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21 hours	0	0	21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0
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): Lathrop Mo. Clinton Co. Mo.

FATHER
13. NAME: Wm. McC. Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holden Mo.

MOTHER
15. MAIDEN NAME: Lucile Wickizer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Turney Mo.

17. INFORMANT (ADDRESS): Wm McC. Carter

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lathrop Mo. DATE: 5-24- 1931

19. UNDERTAKER (ADDRESS): Dodson & Crandall

20. FILED: 5-24- 1931 L. T. Kinsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-23- 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-23- 1931, to 5-23- 1931
I last saw him alive on 5-23- 1931. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 7 months	
1 59	

Other contributory causes of importance:

0 0 0

Name of operation: 0 Date of:
What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 7 Date of injury 7, 19 7
Where did injury occur? 7
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: 7
Nature of injury: 7

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. T. Kinsey, M. D.
(Address) Lathrop 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

JUN 25 1931