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

Do not use this space.

20256

1. PLACE OF DEATH

County Scott — Registration District No. 871 — File No. 49

Township Richland — Primary Registration District No. 6070 — Registered No.

City ~~Sikeston~~ (No. ..... St. ..... Ward)

2. FULL NAME Carnelia J. Carter

(a) Residence. No. Kendall St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF~~ (OR) WIFE OF William H. Carter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70		11	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 2
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vianna
(STATE OR COUNTRY) Illinois 2

PARENTS

10. NAME OF FATHER Garit Verhines

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Jane Lowe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennesse

14. INFORMANT R. F. Carter
(Address) Sikeston, Missouri

15. FILED 6/10/31 Walter E. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1931

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to May 25, 1931 that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 7:10 a.m.

93D THE CAUSE OF DEATH* WAS AS FOLLOWS:
95B Myocarditis.
This lady died suddenly -
I did not see her before death
occurred (duration) ..... yrs. a few months mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Asthma
Mon (duration) 25 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. A. Mayfield, M. D.
May 29, 1931 (Address) Sikeston 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	DATE OF BURIAL
Sikeston City Cemetery	May 27 1931
20. UNDERTAKER	**ADDRESS**
John Albritton	Sikeston Missouri

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.

JUN 29 1931